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ABSTRACT

This dissertation examined primary caregiving father families and how they construct their roles in contrast to primary caregiving mother families. A Self-report survey instrument was constructed. and administered to a sample of 93 married couples in the United States with children under the age of 6. Surveys were coded by couple, analyzed, and classified into appropriate groups: one group in which the father was the primary caregiver (PCGF); and a second group in which the mother was the primary caregiver (PCGM). The results suggested that PCGFs are contributing to changing patterns in the traditional roles prescribed by society, pointing to an emerging family structure that is different from, rather than the reverse of, the traditional family structure. The PCGF provides a strong male influence, with nurturing abilities. At the same time, the non-PCGM continues to play a critical role in the child's development. She continues to exhibit strong nurturing ability and, in addition, brings new experiences related to working outside the home. The PCGF family model facilitates the active participation of both parents in the care of their child. Appendices contain copies of the survey questionnaire and the cover letters and a list with the comparison of couple responses. Contains 51 references. (AA)

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LOYOLA UNIVERSITY OF CHICAGO

THE ROLE OF THE PRIMARY CAREGIVING FATHER

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND EDUCATIONAL PSYCHOLOGY

BY

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MAY 1995

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CHAPTER I

INTRODUCTION

The distinctive group of fathers who serve as the primary caregivers for their children are looking for justification and recognition as a family institution and in society in general. "Families are the quintessential institution of our nation, providing both biological and social continuity as they simultaneously shape, and are shaped by, the larger society" (Wetzel, 1990, p. 4). Our society has yet to address and understand the role of the primary caregiving fathers. How are primary caregiving fathers (PCGF) reshaping the family as an institution?

For most of this century, the mother was considered to be the sole primary caregiver of the child. Accordingly, most child development research has been related to this dyad (Mahler, 1963). More recently, as society has changed, researchers have begun to look at how systems other than the traditional mother-child dyad, affect the child (Bronfenbrenner, 1977). Studies of systems affecting the family began to include the father-child dyad (Lamb 1981, 1986, 1987), day care (Belsky, 1988), and women in the work force (Crockenberg & Litman, 1991). Studies were designed to focus on the examination of the affect these systems have on child development, including an examination of the role

of the father (see Lamb 1981 & 1986). A recently published United States Census Bureau Survey of Income and Program Participation, from data collected in 1991, estimates that "one of every five preschoolers (under age 5) had their father at home with them while their mother was at work" (O'Connell, 1993, p. 3). Even with this changing pattern, the role of the PCGF has received relatively little attention in the literature. With so many fathers caring for their children, clearly focused investigation in this area is needed at this time.

To understand adequately the roles of PCGFs today, one must examine some of the transformations that have occurred over the years with parenting in general. In the latter part of the 19th century the traditional style of parenting designated the mother as primary caregiver. Her role was to spend time exclusively at home to rear the children. The father's role was to work and be the breadwinner. Overall, the father played an insignificant role in rearing the children.

With the advent of women in the work force, these traditions began to change. For example, the percentage of married women in the work force with children under six increased from 23% in 1950, to 54% in 1986 (Hochschild, 1989). The appearance of women in the work force has initiated the beginnings of "dual income families". Many couples use a "tag team" approach to parenting where one is

at home with the children while the other is working, and then they switch, or "tag off", as the other departs for work. In contrast to the traditional father role, the father in this model takes on a more active role as parent and caregiver. For many, this shared caregiving model represents a contemporary alternative to traditional parenting.

In light of the fact that so many women are working, it would appear that the father is taking a more active role in child care and household responsibilities. Yet, research indicates that "despite the fact that almost all women with children work, they continue to bear primary responsibility for the child care and household management" (Silverstein, 1991, p. 1025). The research indicates that the father is not greatly involved in child care and/or household responsibilities, even though his wife is working.

It is interesting to speculate on how the roles are constructed differently for the father who is a PCGF, versus a father whose wife is a primary caregiver. Traditional values of being the exclusive breadwinner appear to remain intact for many men despite the fact that the role of women has changed. Yet some fathers, such as PCGFs or shared caregiving fathers, appear to have changed with the times. Many are willing and able to take on child care responsibilities. By taking on the additional child care responsibilities, are fathers sacrificing their essential

role as primarily breadwinner? What are the financial ramifications for families where the father is not the main breadwinner? How these changing parenting roles are constructed for different types of families is the primary focus of this dissertation research project.

Divorce is a variable which cannot be ignored when considering fathers and families of the 1990's. One in every two marriages ends in divorce. "Of children living with one parent, the majority live with their mother (88%). However, there was an increasing--although small-- trend toward children living with their fathers. From 1970 to 1991, the percentage living with their fathers increased from 9.1% to 12.2%" (Gottfried & Gottfried, 1994, p. 5). The custodial father's profile reveals that he is better educated, better paid, and has a more prestigious job than the average father (Hanson, 1988). The custodial father, like the custodial mother, has the majority of responsibility for raising his children. Clearly, the dynamics involved in a one parent family are different from those of the two parent family. Having only one parent available changes the role of that parent. For example, if a child is in need of assistance, the choice is limited to the custodial parent. The parental roles are further complicated by the weekend visits in which the custody of the child may switch to the other parent. Given that the roles of custodial fathers may not be congruent with PCGFs

in two-parent families, as far as role construction is concerned, the investigation to be described in what follows did not included divorced parents.

In divorce situations, the father's parenting skills, acquired as a consequence of serving as primary caregiver, may have a number of implications which will support fathers in divorce litigation. Dr. Norma Radin (personal communication, 4/21/94) points out that the research on PCGFs may inspire some change in custody hearings and the way current public policy on custody is handled. With PCGFs demonstrating their ability to care for their children, the courts may begin to look more seriously at fathers as caregivers, and subsequently grant custody to PCGFs or to fathers who have taken a more active role in parenting. Although, this is not the focus of this dissertation research project, the connection may be valuable to many divorcing fathers.

It is obvious that our society has come a long way from the 19th century tradition in which the mother served as the primary caregiver and the father served as the breadwinner. Yet the incongruent societal norms for men, which require that they maintain their status as breadwinners and at the same time participate in child rearing, is a perplexing issue. Griswold, in his book Fatherhood in America (1993), writes that "Despite men's differences, breadwinning has remained the great unifying element in father's lives. Its

obligations bind men across the boundaries of color and class, and shape their sense of self, manhood, and gender. Supported by law, affirmed by history, sanctioned by every element in society, male breadwinning has been synonymous with maturity, respectability, and masculinity" (p. 2). Where does the PCGF fit in today's society? How will males construct their roles to fulfill the main breadwinner role that society seems to demand, and at the same time take on the child care responsibilities required with so many women in the work force? One can only begin to answer some of these important questions by looking at how parents construct their roles in different caregiving situations. By looking at the group of fathers who bear primary responsibility for the care of their children, one might be able to shed some light on these important questions.

A major component in understanding the PCGF families is assessing the development and affirmation of gender roles. Societal expectations greatly influence gender roles and are very relevant to the way families construct their roles. "With every new generation, there is social change and stability. Much social stability exists because children observe patterns of adult behavior and attitudes and adopt parts of these patterns as they develop" (Sussman & Steinmetz Eds., 1987, p. 535). This paper addresses the different roles that PCGFs maintain, how these roles may be different from societal expectations, and from roles held in

traditional families. The differences and similarities which might be observed here may have a profound effect upon generations of families to come who choose the non-traditional family model, a model in which the father is the primary caregiver.

The extent of the published literature on PCGFs in the United States from two-parent families consists of seven empirical studies. The original three (Radin, 1977; Field, 1978; Pruett, 1980) used a total of 49 subjects. Radin and Pruett each did two follow-up studies for the total of seven studies. In the follow up studies, many of the PCGFs were no longer in this role, further reducing the number of subjects who have been systematically studied.

In Radin's study the criterion for admission as a PCGF was initially determined by the parents, who self-selected the group to which they should belong (primary caregiving fathers, primary caregiving mothers, or an intermediate group). "But it was found that many parents were uncertain to which category they belonged" (Radin, 1982, p. 179). Radin (1977) constructed a Paternal Involvement in Child Care Index (PICCI) that was used to classify the father's involvement in child rearing, and the groups were then divided by the responses to the questionnaire. The most involved fathers were placed in the primary caregiving group, the middle level of involvement in the intermediate group, and the bottom third in the mother as the primary

caregiving group.

Field (1978) did not specify what determined a primary caregiver in her study, which raises the question of how she operationalized PCGFs. Without a definition of a PCGF, the study's results are confounded because the identity of the person being interviewed is unclear.

In Pruett's study (1980) the criterion for admission was that "the father must (in the referring clinician's judgement) bear the major responsibility for, and commitment to, parenting" (p. 261). The subjectivity of this method would be difficult for other investigators to duplicate.

Overall, research suggests that fathers as primary caregivers are "adequate for the task of providing good-enough care" (Pruett, 1992, p. 85), and that the children of PCGFs are "active, vigorous, robust, and thriving infants" (Pruett, 1992, p. 87). Yet, to examine these conclusions more closely, one can see that they have been derived from only 49 PCGFs studied in the United States in intact families, and many of these fathers did not continue in the role as the primary caregiver.

The research on fathers as primary caregivers assumes that the father is fulfilling the same role as the primary caregiving mother (PCGM). One hypothesis proposed is that the mother continues to play a critical role in nurturing the child even when the father is reported to be the primary caregiver in a married couple family. The role that the

non-PCGM plays is, therefore, different from that played by the father in traditional families. This difference might be observed when the child is in a stressful situation or when the child's resistance is down (e.g. when the child is tired). Does the child prefer the mother over the PCGF when both are available? This hypothesis questions not only the father's role but also the mother's role in a role reversed family. The role that the mother plays when not the primary caregiver might be a different role than the father plays in a traditional family. For example, most fathers tend to play rougher with their children than mothers (Roopnarine & Mounts, 1985). In a traditional family, the father comes home from work, picks the child up, and spins him or her around. Does the mother who is at work come home to her child and do the same thing? If not, how does this different experience affect the child and the PCGF? The answers to these questions have strong implications for the role of the father as the primary caregiver, the role of the mother as a working non-primary caregiving parent, and also for the child.

As Radin (1982) pointed out, fathers who are primary caregivers have been invaluable to researchers in that "they provided the opportunity to test whether it is the male gender or the male role that accounts for the unique effects of fathers on children and for men's differential behavior with boys and girls" (p. 173). To understand the possible

implications of gender versus role difference, one needs to look at fathers who are primary caregivers, mothers who are primary caregivers, and evaluate the different roles that are constructed by these parents. Evaluating these roles will assist in determining some of the implications of the issue of gender verses role differences. The research conducted thus far on fathers as the primary caregiver have made little headway in this area.

That said, the systematic identification and evaluation of these role differences is the focus of this dissertation research project. The overall purposes of this study, in a sample of 93 married couple families in the United States with children under the age of six, were twofold: 1) to identify the characteristics and child care responsibilities of primary caregiving fathers and primary caregiving mothers; 2) to identify how the child care roles and responsibilities are constructed for families in which fathers are the primary caregivers and for families in which mothers are the primary caregivers. From survey and interview findings related to addressing these two purposes, a number of questions were generated in an effort to better understand the ramifications of parental role constructions and father-reared children.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Chapter II consists of two sections. The first section is a presentation of the seven empirical studies done in the United States on primary caregiving fathers (PCGF). It includes the results of these studies and a synthesis of the findings. The second section, which addresses this dissertation's focus on role constructs, examines a selective review of the literature on gender roles and child care characteristics which are not included in the seven studies on PCGFs.

Research on PCGF

As noted earlier, only seven empirical studies have been done in the United States on fathers as child care providers in married couple families. The original three studies (Radin, 1977; Field, 1978; Pruett, 1980) included a total of 49 fathers who were main caregivers. Radin did a 4 year follow up (Radin & Goldsmith, 1985), and an 11 year follow up (Williams, Radin & Allegro, 1992) of her original sample. Pruett also did a four year follow up study (Pruett, 1985) and an 8 year follow up study (Pruett &

Litzenberger, 1989). Table 1 summarizes these studies.

Table 1.--Research on primary caregiving fathers of intact families in the United States

Author & Year	# of primary caregiving fathers in the study	Method used in study	Age of child at beginning of study	Amount of time the father was the primary caregiver
Field 1978	12	3 minutes of interaction	4 months	did not say
Radin 1977 1985 1992	20	natural observation and interviews	54 months	different for each couple
Pruett 1980 1985 1989	17	natural observation and interviews	2-20 months	over one year

Aside from these research studies, Levine published Who will Raise the Children? documenting his experiences with PCGFs in 1976. Additional studies have been done in other countries: In Sweden--Lamb, 1982; in Australia--Russell, 1982, 1983, 1987; in Israel--Sagi, 1982; in Australia--Harper, 1980; and in Australia--Grbich, 1990. Lamb in particular, has been instrumental in introducing the role of the father in child development, with his many books and articles (Lamb, 1976, 1981, 1986, 1987). Despite the fact that his research conclusions follow from only one study on fathers as the main caregivers (Lamb, 1982), many of the studies on this topic use Lamb's general research paradigm

on fathers as background information.

A 1993 study by the United States Census Bureau, called "Where's Papa! Father's Role in Child Care" (O'Connell, 1993), "examines the increasing importance of fathers as child care providers" (p. 3). The report delineates current trends of fathers taking more responsibility in caring for their children. In fact, "the percent of children in father-provided care increased from 17 to 23 percent between 1977 and 1991" (O'Connell, 1993, p. 4). To interpret these figures one needs to keep in mind that they reflect who is watching the children when the mother is working. They do not account for the person considered by the family to be the primary caregiver. It is interesting to note that the overall trend clearly indicates that the father is taking more child care responsibility.

To begin the review, the factors contributing to the family's decision to reverse roles and have the father as the main caregiver will be examined. In Radin's study (1982b), economic need was not a factor in 18 of the 20 families she studied. It was the family's personal decision to reverse roles. The mothers also expressed a strong desire to work. Field (1978) did not address this issue in her research. Pruett (1989) categorized his families into three different groups in regard to their "decision phase" (p. 86). "The first third (6 families) decided that the father would be primary caregiver prior to the pregnancy;

the second third (another 6 families), during the pregnancy; and the final third (5 families), during the neonatal period" (Pruett, 1992, p. 86). All of Pruett's families stated that they did not consider the role reversal as a permanent situation.

To some extent, the research reviewed here is difficult to interpret due to differing theoretical underpinnings. Radin speaks from a behavioral point of view, using role theory, socialization theory, and social learning theory as her theoretical perspective. Radin's work can best be interpreted from the perspective of how society is viewing the reversed roles of the mother and father. The children may also be affected by what they observe their parents' roles to be, and how these roles differ from traditional parenting. In contrast, Pruett, a psychoanalyst, takes a Freudian perspective in which inner unconscious thoughts and feelings are considered to be the motivating factors behind a person's behavior. Pruett views the father primary caregiving families through the oedipal and electra configurations. Pruett concludes that the resolution of these conflicts is normal (i.e. the children are normal and the fathers must be doing an adequate job of parenting). The striking contrasts between the two theories yield different conclusions, requiring the research evidence collected to date to be viewed within these different theoretical contexts.

The Results of the Seven Studies Conducted in The United States

Using subject pools from the United States, Radin (1982b) began her study with 59 intact families, of which 20 had fathers as the primary caregivers. The average child's age was 54 months. "The purpose of the study was to explore some possible antecedents and consequences of paternal child rearing in middle-class, intact, primarily white families" (Radin, 1982b, p. 196). Three interviews were performed per family using various scales and measurements for the children as well as adults. Bem masculinity scores found no differences between fathers who were primary caregivers compared to those fathers who were not. Radin (1982b) suggested that this is because the PCGF may be more secure in his gender identity than the traditional non-caregiving father, and therefore more comfortable breaching the traditional roles in society. This conclusion is consistent with the findings of Lamb and Bronson (cited in Radin, 1982b).

Radin (1982b) also found that the families she studied voluntarily chose their particular child care arrangements, and were not governed by economic factors. All of these families consciously approved of the arrangement of fathers as the primary caregivers. Moreover, it was found that neither the children's masculinity or femininity was affected by this child care arrangement. Also, the child's "internal locus of control increased in association with

parental involvement" (Radin, 1982b, p. 199). Indeed, the PCGFs appeared to stimulate their children's cognitive growth.

Another outcome of this study was that "the major antecedent of high father involvement in child rearing was found to be the mother's experience of her own father as nurturant, together with her wish that he had been more involved" (Radin, 1992, p. 461). The father's attitude toward his own father tended to have very little influence in this matter. These results are interesting in light of the fact that the father is the one making the career change to stay home with the children, yet the mother seems to have influence through her childhood experiences with her father.

Radin, with Goldsmith (1985), followed up her original study. Her article "Caregiving Fathers of Preschoolers: Four Years Later", reported that 47 of the original 59 families remained intact and willing to participate in the study. Of the 47, 15 were from the original father-as-primary-caregivers group. Radin's four year follow up (Radin & Goldsmith, 1985) revealed that PCGFs showed little stability in their child care arrangement. Of the 15 families, only 5 still had the father as the primary caregiver. Unfortunately, the children were not assessed in this follow up.

In her 11 year follow up, Radin (Williams, Radin & Allegro, 1992) examined the sex-role attitudes of the now

adolescent subjects who had been raised by their fathers. The number of families still intact declined from the original 59, to 32, of which 12 were part of the original fathers-as-the-primary-caregivers group. Notwithstanding the loss of subjects, Radin revealed "the major findings were that a greater amount of parental involvement in the children's preschool years was predictive of adolescent support for a non-traditional employment arrangement" (Radin, 1992, p. 457). Having a father who did not work a traditional 9 to 5 job as role model appeared to influence the child's concept of his own work habits. A boy appeared more likely to adopt his father's example of not working a 9 to 5 job. A girl was more likely to follow in the path of her working mother, and less likely to adopt traditional female roles.

Field's study (1978) compared the interaction behaviors of 12 primary caretaking fathers with those of 12 primary caretaking mothers and 12 secondary caretaking fathers. The infants involved were 4 months old. A three minute interaction between the child and the caretaker was videotaped. Field's results were supported by other studies (Yogman, Dixon, & Tronick, 1976), and indicated that fathers as a group engaged in more playful behavior than mothers. Field also concluded that similarities between PCGFs and primary caregiving mothers (PCGM) may not be intrinsic to the difference in gender, but rather "derived from the

differential amount of experience they have with their infants as a primary or secondary caretaker" (Field, 1978, p. 184).

Pruett (1983, 1985, 1992), a psychoanalyst, followed 17 primary nurturing fathers and their families. He explored the families' interaction by using retrospective analytically oriented interviews, along with natural observation of the fathers and the children. He also assessed the children in a laboratory setting for developmental competence in gross and fine motor performance, as well as adaptive problem-solving, language skills and personal-social function. The children were between 2 and 24 months. Two similar groups were looked at a year apart--the first included 9 primary caregiving fathers, the second included 8. He followed up this study at 4 and 8 years, however all original families were not included in the follow up studies.

The results of Pruett's original study (1983) revealed that "these men are capable of forming the intense reciprocal nurturing attachments so critical in the early life of the thriving human organism" (p. 273). Pruett (1983) viewed the father's nurturing from a psychoanalytical perspective, as a "repetition-compulsion" to "repair some [of] their own perceived paternal nurturing deficits through active mastery" (p. 269). He concluded that fathers having caring attitudes result in infants who are vigorous,

competent, and thriving. He also found the infants of the fathers "especially comfortable with and interested in stimulation from the external environment" (1983, p. 273). Pruett suggested that this stimulation many stem from how fathers tend to handle their babies differently than mothers (Yogman, 1982). The speculation is made that this handling style may have an affect on the child's affective organizational system. Children of PCGFs may be different than traditionally raised children because of this handling style. In Pruett's four year follow up (1985), entitled "Oedipal Configurations in Young Father-Raised Children", he was able to gather data from all but one of the original families. However, not all the men continued to be primary nurturing fathers, and some of the families had experienced divorce. The results of this study revealed no pathology, either in the cognitive or emotional sphere; nor were the observed personality problems any different from those experienced by traditional families. Pruett therefore concluded that "men as primary nurturing caregivers can do a creditable, adequate job of parenting" (Pruett, 1985, p. 452). Moreover, these children appeared to be secure in their gender identification, and perhaps even more flexible than those traditionally raised.

Pruett with Litzenberger (1992), in their 8 year follow up study, concentrated on the developmental consequences of the children raised by their fathers. Fifteen of the

original 17 families were studied in the 8 year follow up. The children were at that time between 8 and 10 years old. Eleven of the families had fathers who were either the main caregiver, or shared equally in the child care responsibilities. Two hour "child-centered family diagnostic interviews" (Pruett & Litzenberger, 1992, p. 90) at each family's home were recorded. In these interviews the families were encouraged to talk about a typical day--reflecting on the daily activity and other relevant information about the family that they cared to discuss. Pruett summarized the results of his 8 year follow up of the father raised children as follows: "Their gender identities remain stable, oedipal resolution seems to have been relatively successful, and the flexibility of gender role performance reported previously has continued to manifest itself, though in a more age-appropriate complexity" (Pruett & Litzenberger, 1992, p. 90).

Pruett found the male children to exhibit masculine characteristics, and the female children feminine characteristics. The children were understanding about the parents' work, their friends, and generally were very involved in the parents' lives. All the children in the follow-up study appeared to have a nurturing style of their own, or as Pruett described it, "an ongoing commitment to growing, raising, or feeding something" (Pruett & Litzenberger, 1992, p. 97). The children nurtured pets or

watered and cared for garden plants. "Caretaking was valued as an activity in and of itself" (Pruett & Litzenberger, 1992, p. 97).

He also observed an interesting phenomenon that some sibling relationships seemed to be affected by one child being raised by the father and the other by the mother. Who the child's main attachment is, the father or mother, appeared to be an issue in the development of sibling rivalry.

Synthesis of Findings

There seems to be general concurrence in these studies that fathers are capable of providing good care for their children. The question as to whether fathers are biologically predisposed to take care of their children may not be as easily answered as Harlow's 1958 research (as cited in Pruett, 1983) or Lorenz's 1966 research (as cited in Pruett, 1983) indicated when they concluded that "innate biological hormonal mechanisms" (Pruett, 1983, p. 258) cause women to care for infants better than men. Newer research indicates that social pressure may be a far stronger force than biological imperatives in shaping a father's or mother's nurturing parental responses. Also the active role of the infant in shaping his or her own environment (Brazelton, 1979) is now thought to be more involved in parental behavior than any preordained genetic programming. Research also revealed that "fathers like mothers, show

stereotypic behavior in their contacts with newborns, but the biological importance of these patterns is not yet understood" (de Chateau, 1987, p. 651).

It appears that fathers go through the same "on the job" training as mothers when it comes to caring for children. Indeed, parents copy their parenting skills from their own parents (Papalia & Olds, 1992), again pointing to the importance of the environmental forces within the family and the learning of child care through "on the job" training. This would indicate that parenting is learned, not a biologically predisposed trait.

Overall, there appears to be no adverse affect on child development when the father serves as the primary caregiver. Both Radin (1992) and Pruett (Pruett & Litzenberger, 1992) followed families over an extended period, and the children appeared to be well within normal on all characteristics.

There may be some relationship between father as primary caregiver and increased cognitive competence in their children. Radin (Radin & Russell, 1983) discussed the child's increased internal locus of control, and the possible advantages this may have for the child in school. Pruett (1983) found children of PCGFs to be comfortable with the environment and the stimulation it provides. Lamb (1986) explained this by saying that the children have the advantage of two highly involved parents, not just one. Children with PCGFs in intact families often have available

to them the benefit of diverse experiences from both mother and father. Both parents share work and caregiving experiences with the children. Perceived flexibility within families with PCGFs may account for more flexible cognitive competence in the children.

In these studies, families of origin appeared to play a role in how families made decisions with respect to whom will rear the children. Radin's (1982b) research indicates that the mother's relationship with her own father is related to her wanting her husband to be the main caregiver; whereas the father's attitude about his own father had very little affect on his decision to raise the children. Pruett (1983), on the other hand, found that fathers are repairing some of their own father's deficits by being more involved themselves with their children. The reasons for these opposing results can be explained by examining the different theoretical perspectives of Radin and Pruett. Radin (1982b) employs a role theory, or social learning perspective, whereas Pruett's (1985) research reflects a psychoanalytic perspective.

Another important conclusion from these studies is that nontraditional families tend to produce children who have flexible gender identification (i.e. they have a less stereotyped belief system). Radin (1992) and Pruett (Pruett & Litzenberger, 1992) reported this finding. Radin also found that children of PCGFs are more flexible in employment

arrangements. Children tend to follow their role models, who in father raised families happen to be two highly involved parents assuming less stereotyped roles (Lamb, 1986). A certain flexibility seems evident in father-raised children.

Fathers in general have been observed to play with their children more vigorously than mothers. This may be even more evident when the father is the primary caregiver. The child, as reported by Pruett, views his father as capable and powerful. "The child feels a certain competence in his or her ability to make demands on the external social domain, identifying with a father who seems to be doing it comfortably in the nurturing domain" (1992, p. 99). The children of primary caregiving fathers identifying with this male role have been observed to be more powerful and aggressive than traditionally raised children.

It should be noted that most fathers do not stay in the role as a primary caregiver. In both Radin's (1992) and Pruett's (Pruett & Litzenberger, 1992) longitudinal studies, many fathers left the primary caregiving role. The cause for this is unclear. For example, all of Pruett's (1983) families anticipated, prior to the child's birth, that the father's role as the primary caregiver was temporary.

Selected Research on Traditional Families

The studies selected for this review discuss gender roles and the division of labor in the family, including

child care responsibilities. They typify traditional families and dual income families with young children. They do not reflect PCGF father families. This dissertation is, in fact, the first attempt at identifying role construction in PCGF families. Darling-Fisher and Tiedje (1990) conducted a study called "The Impact of Maternal Employment Characteristics on Fathers' Participation in Child Care". They studied married couples, in which some wives worked and some did not, with at least one preschool-aged child. "Results indicate that husbands are more involved in child care when their wives are employed. However, women are the primary caregivers regardless of employment status" (p. 20). Other research has also concluded that mothers assume the primary responsibility for child care. Silverstein reviewed research conducted by Hochschild in 1989 as well as Scarr, Philps, & McCarteny in 1989 (Silverstein, 1991). Darling-Fisher reported similar findings in studies done by Bernardo, Shehan, & Leslie in 1987, as well as Pleck in 1985 (Darling-Fisher, 1991). It is clear from these studies that the traditional role of the mother as the primary caregiver often continues even when the mother is employed outside the home.

Even more revealing than the lack of father's participation in child care and household responsibilities, is the time that the father actually spends with his child. "Gottfried and Gottfried (1988) reported that fathers spend,

on average, 26 minutes per day in direct interaction with children below the age of six" (Silverstein, 1991, p. 1029).

Bailey (1990) reported in "Fathers' Involvement in Their Children's Healthcare", that "staying home with a sick child and taking a child to the doctor or dentist were positively related to fathers' involvement in housework." (p. 289). Yet, "when children in two-parent homes are sick, mothers are more likely than fathers to stay home with the children, regardless of whether the mother is employed" (Bailey, 1990. p. 290). Likewise, Englander-Golden & Barton found that "mothers who are employed take more sick leave from their jobs than fathers do because mothers are more likely than fathers to use sick leave to care for a sick child" (p. 290). While fathers have made minor changes in their child care responsibilities over the years, these findings indicate that mothers are still performing the traditional parenting roles even when employed.

It may be useful to evaluate how these traditional roles and expectations have evolved. Losh-Hesselbart (1987), in her research on the development of gender roles, examined research done in 1955 by Parsons & Bales. She summarized that "one major school on gender emerged from functional sociology. From this perspective each sex has specialized tasks and privileges. Men are 'task' or 'instrumental' specialists who represent the family to the world outside, mainly through their occupations, which are

increasingly important in achievement-oriented societies" (Sussman & Steinmertz, Eds., 1987, p. 535). She concluded that "women's roles have been defined as 'expressive' or 'socioemotional'. Women's 'jobs' are to nurture their children and to create a haven for men returning from paid labor" (p. 535). Ross (1987), in her article "The Division of Labor at Home", pointed out that "under a division of labor in which wives stay home and husbands go out to work, it makes sense to assign the most time-consuming household chores to women" (p. 816). However, this division of labor is clearly not the case anymore. "In the 1990's, 75% of women with schoolage children will be in the labor force" (Silverstein, 1991, p. 1025). These traditional parenting roles have obviously made a strong impact on parental role and gender identification in today's society, and as a consequence, have been slow to erode.

A person's gender role, of course, does not suddenly appear in adulthood, but is cultivated throughout childhood, particularly the nurturing role. "The differences begin in childhood; in most cultures girls from about 7 to 11 years receive 'nurturance training' and are given child-care tasks, while boys are assigned such chores as animal care, errands, and selling. Older sisters are more likely than big brothers to offer help and comfort to a younger sibling in distress" (Beal, 1994, p. 201). However, PCGF families may lead to change in some of these societal gender roles,

particularly those of nurturing. As Pruett discovered in his study, children of PCGFs appeared more nurturing than other children. "Caretaking was valued as an activity in and of itself" (Pruett & Litzenberger, 1992, p. 97). Analyzing how the father constructs his role in the PCGF family will help us gain a better understanding of the effects of this traditional role reversal on children.

This dissertation focused on several of the parenting and caregiving behaviors described above, and their implementation in primary caregiving mother families in contrast to primary caregiving father families. The construction of the parenting roles in each type of family were examined from the perspective of each parent.

CHAPTER III

METHODS

Pilot Study

In a study designed to pilot some of the questions to be addressed in this dissertation research project, Frank (1993) addressed a series of three questions to a sample of 59 parents (Who is doing the tasks of caring for the child? Who does the child prefer when hurt, sick, or just wants to sit with a parent? What is each parent's availability to the child?). The results of this survey indicated that children preferred to go to their mother when both parents were available, and that mothers, regardless of the hours they worked, were still doing the majority of the child care tasks, the majority of the time. These results were used to provide some overall clarification to the research questions and procedures to be addressed in the dissertation research project.

Research Questions Addressed

Question 1: In a sample of 93 married couple families in the United States with children under the age of six, what are the characteristics and child care

responsibilities of primary caregiving fathers (PCGF) and primary caregiving mothers (PCGM)?

Question 2: How are the child care roles and responsibilities constructed for families in which fathers are the primary caregivers and for families in which mothers are the primary caregivers?

Subjects

A primary caregiver was considered to be the person who was the caregiver of the youngest child under the age of six for at least 30 hours per week. In addition, the primary caregiver was responsible for the majority of caregiving hours of this child at least four days of the week. This definition was based on both Radin's (1981) and Russell's (1989) work, as well as Pruett's (1983) criteria that "the fathers must (in the referring clinician's judgement) bear the major responsibility for, and commitment to, parenting" (p. 261).

Using a purposive sample of married couples in the United States with children under the age of six, data sets were collected from three groups: one group in which the father was the primary caregiver; a second group in which the mother was the primary caregiver; and a third group consisting of dual income families.

Seven hundred seventy surveys were mailed to 385 couples. Each mailer contained two surveys, one for the mother to fill out and one for the father to fill out. If the couple received a mailer and did not have a child under six, or did not wish to fill out the survey, they were asked to send it back blank. Three hundred sixty-two surveys were returned in the self-addressed stamped envelopes provided in the mailer. Thirty-four were returned blank. Three hundred twenty-eight surveys were returned complete, a 44% return rate. Seventeen of the completed surveys were excluded since the participants did not complete Section 3, which contained questions relating to hours spent with the child. Three hundred eleven surveys were suitable for the study.

It should be noted that a decision was made to use only surveys completed by those couples who fit into either the PCGF or PCGM categories. It was also necessary that the couples agree with respect to who was the primary caregiver in the family. Of the 311 usable surveys, 96 did not meet the definition of PCGM or PCGF family and were excluded. Sixteen surveys (eight couples) were excluded because the partners did not agree with respect to who was the primary caregiver. Thirteen were excluded because their spouses did not return the survey.

The remaining 186 surveys included in the study reflected 93 married couples in the United States with a child under the age of six. Surveys were coded by couple

and were analyzed and classified into appropriate groups: PCGF family (n=98), or 49 couples; and PCGM family (n=88), or 44 couples. Table 2 shows an aggregation of survey utilization.

Table 2.--Summary of survey utilization

Surveys mailed	=	770
Surveys returned	=	311
Surveys excluded	=	112
Total surveys used	=	186
49 PCGF families		44 PCGM families

PCGF Families

The youngest child in the family, on which the responses were based, consisted of 24 boys and 25 girls. The mean age was 25.66 months (S.D.= 17.76), or 2 years and 4 months; with a range of 3 to 68 months. The mean number of children in the family was less than two (n=1.60, S.D.=.86), with a range of one to six children.

Ninety-eight parents (49 couples) from PCGF families responded to the survey. The mean age of the father was 37.66 (S.D.=5.55), with a range of 28 to 57. The mean age of the mother was 35.01 (S.D.= 3.83), with a range of 29 to 43. The education level of the couples ranged from high school graduate to doctoral degree. Only 6% of the fathers were attending school at the time of the survey, and none of

the mothers reported being in school at the time of the survey. Fifty-seven percent of the fathers did not work. All of the mothers worked except one. The main wage earner was reported as the wife (96.9%). Finally it should be noted that the couples were predominantly white (98%).

PCGM Families

The youngest child in the family, on which the responses were based, consisted of 20 boys and 24 girls. The mean age was 29.20 months (S.D.=15.09), or 2 years and 4 months, with a range of 5 to 56 months. The mean number of children in the family was more than two (n=2.11, S.D.= .99), with a range of 1 to 5 children.

Eighty-eight parents (44 couples) from PCGM families responded to the survey. The mean age of the father was 37.14 (S.D.= 4.81), with a range of 23 to 54. The mean age of the mother was 34.95 (S.D.=3.78), with a range of 21 to 42. The education level of the couples ranged from high school graduate to doctoral degree. Only 8% of the fathers were attending school at the time of the survey, and 13% of the mothers reported being in school at the time of the survey. Sixty-six percent of the mothers did not work. All of the fathers worked. The main wage earner was reported as the husband (100%). The PCGM couples were all white.

Comparison of the Two Kinds of Families

As can be seen from Table 3, the two families were similar on child's age, parents' age, and number of children

in the family.

Table 3.-- Comparative summary of family size and age of family members

	PCGF Families			PCGM Families		
	N	Mean	SD	N	Mean	SD
Child's age in months	49	25.66	17.76	44	29.20	15.09
Father's age in years	49	37.66	5.55	44	37.14	4.81
Mother's age in years	49	35.01	3.83	44	34.95	3.78
Number of children in family		1.6	.86		2.11	.99

Table 4 reveals that the PCGM families reported a higher percent of income in the upper brackets than the PCGF families. Some families chose not to respond to this question.

Table 4.--Comparative summary of main wage earner income

	PCGF Families		PCGM Families	
	Frequency	%	Frequency	%
Less then $35,000	0	0	1	2.6
$35,000 to $45,000	4	8.7	5	12.8
$45,000 to $55,000	9	19.6	4	10.3
$55,000 to $65,000	11	23.9	4	10.3
$65,000 to $75,000	11	23.9	5	12.8
$75,000 to $85,000	3	6.5	3	7.7
$85,000 to $95,000	1	2.2	6	15.4
$100,000 and up	7	15.2	11	28.2
Total	46	100%	39	100%

Table 5 reveals that the PCGM spent an average of 4.16 more hours per week alone with the child than the PCGF; and that the non-PCGM spent an average of 5.17 more hours per week alone with the child than the non-PCGF.

Table 5.--Comparative summary of hours spent alone with the child

PCGF FAMILIES			
Father:	Monday-Friday	43.53	= 8.706 hours/day
	Saturday & Sunday	6.65	= 3.325 hours/day
	Weekly total	50.18	
Mother:	Monday-Friday	8.87	= 1.774 hours/day
	Saturday & Sunday	9.07	= 4.535 hours/day
	Weekly total	17.94	
	Combined weekly total.....	68.12	
PCGM FAMILIES			
Mother:	Monday - Friday	47.15	= 9.43 hours/day
	Saturday & Sunday	7.19	= 3.595 hours/day
	Weekly total	54.34	
Father:	Monday - Friday	6.48	= 1.296 hours/day
	Saturday & Sunday	6.29	= 3.145 hours/day
	Weekly total	12.77	
	Combined weekly total.....	67.11	

Table 6 reveals the total hours worked per week by each family. The non-PCGM worked mean hours of 47.35 hours per week (S.D. 8.37). The non-PCGF worked mean hours of 50.79 hours per week (S.D. 10.09). The PCGF worked mean hours of 9.43 hours per week (S.D. 16.15). The PCGM worked mean hours of 4.20 hours per week (S.D. 8.86). Total combined hours for the PCGF family was 56.75 hours per week. Total

combined hours for the PCGM family was 52.68 hours per week. The PCGF families worked 4.07 more combined hours per week than the PCGM families.

Table 6.--Comparative summary of hours worked per week by primary caregiving status

PRIMARY CAREGIVERS:

Hours Worked	Father (PCGF) Frequency	%	Mother (PCGM) Frequency	%
0	28	57.1	29	65.9
2			2	4.5
3	1	2.0	2	4.5
5	2	4.1	2	4.5
6			1	2.3
8			1	2.3
10	4	8.2	1	2.3
12			1	2.3
13	2	4.1		
14	1	2.0		
15	2	4.1	2	4.5
20	2	4.1		
25	2	4.1		
30	1	2.0	1	2.3
36			1	2.3
40	1	2.0		
50	1	2.0		
59	1	2.0		
70	1	2.0		
Total	49	100.0	44	100.0

Table 6 continued:
NON-PRIMARY CAREGIVERS:

Hours Worked	Mother (non-PCGF) Frequency	%	Father (non-PCGM) Frequency	%
25			1	2.4
35	1	2.0		
36	1	2.0		
40	17	34.7	9	21.4
42	1	2.0		
44			1	2.4
45	7	14.3	4	9.5
47	1	2.0	3	7.1
48	2	4.1		
50	6	12.2	6	14.3
52	2	4.1		
55	2	4.1	5	11.9
56			1	2.4
57			1	2.4
58			1	2.4
60	6	12.2	6	14.3
65	3	6.1	2	4.8
67			1	2.4
80			1	2.4
Total	49	100.0	42	100.0

Table 7 compares the education level of the primary caregivers revealing no notable differences. Table 8 compares the educational level of the non-primary caregivers with distinguished differences in the level of master and doctorate degrees, with the non-PCGM having the highest percentage.

Table 7.--Comparative summary of the education of the Primary Caregivers

Level	Father (PCGF) Frequency	%	Mother (PCGM) Frequency	%
High school grad	5	10.2	2	4.5
Some college	13	26.5	10	22.7
College grad	13	26.5	16	36.4
Some graduate work	7	14.3	8	18.2
Master's/doctorate	11	22.4	8	18.2
Total	49	100%	44	100%

Table 8.--Comparative summary of the education of the Non-Primary Caregivers

Level	Mother (non-PCGM) Frequency	%	Father (non-PCGF) Frequency	%
High school grad	1	2.1	2	4.7
Some college	4	8.5	3	7.0
College grad	16	34.0	17	39.5
Some graduate work	2	4.3	5	11.6
Master's/doctorate	24	51.1	16	37.2
Total	49	100%	44	100%

Procedure

Each parent in the household was asked to fill out a survey about their youngest child under six. The surveys were distributed in several different ways.

Traditional families (PCGM) were recruited through contacts with colleagues, friends, and family (n=262). Some respondents were contacted first by phone. Surveys were distributed to the respondents via the mail or in person. A preschool group (n=48) received the survey in a mailbox provided by the preschool for parent information. A child and mother group (n=60) were mailed surveys with a cover letter from the director of the group.

PCGF families were recruited via mailing lists of two newsletters geared to "at home dads". Four hundred surveys were mailed out across the country.

Separate cover letters accompanied the surveys to each group describing and explaining the nature of the research project (See Appendices A-D).

Description of the Survey Instrument

A self-report survey instrument was constructed and used as the primary dependent measure (see Appendix E). The cover page of the survey was designed to motivate the couple to complete the survey. Data collected on the cover page included the age and sex of the child, as well as an indicator related to which parent was filling out the survey. Given that in the pilot study it was discovered that some subjects forgot to provide this important information, these items were moved to the cover page.

Section one of the survey instrument consisted of a revision of Dr. Norma Radin's PICCI scale (1977), used with

her permission (personal communication, 4-21-94). Radin collected her data in personal interviews in which she wrote down the answers to each question. Since the study participants received the self-reporting questionnaires in the mail, rather than being asked the questions directly by an interviewer, some format revisions were necessary.

The original PICCI utilized a Likert-type frequency scale to assess the amount of child care responsibility. The revisions involved changing the Likert scale to "what percent of the time", rather than "how frequently" a task was done by each parent. This revision was done in an effort to accommodate the self-reporting style, as well as to obtain precise information which could be analyzed with improved accuracy.

Each section of the survey instrument has a distinct purpose described below:

Section 1: Question numbers 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14 sought information related to direct child care responsibilities, such as feeding the child, dressing the child, and putting the child to bed.

Question numbers 15, 16, 17, 18, 19, and 20 sought information about role-related responsibilities relative to who was doing what with the child. It should be noted that all the questions in section 1 addressed the research question #1--what are the characteristics and child care responsibilities of a PCGF and PCGM?

Section 2 was crafted to assess the primary caregiving status as it related to who the child preferred to go to when sick, hurt, scared and who the child preferred to sit with. These variables encompassed part of the nurturing aspect of parenting. Section 2 was piloted in the initial survey (Frank, 1993). The questions in section 2 were used to determine if the construct of the parent's roles had any significance with respect to whom the child preferred. For example, did the child prefer to go to the non-PCGM over the PCGF when the child was hurt and/or sick?

Section 3 was designed to assess how involved each parent was with the child by requesting the number of hours each parent served as the primary caregiver. This section was used to systematically assess who qualified as a primary caregiver. This question was revised from Radin's PICCI (1977), where she asked for a percentage of time in general, but did not specify weekday or weekend categories. For purposes of this dissertation research project, data about weekday and weekend times were collected to assess if the roles and responsibilities of these families were divided differently during the weekend than during the week. The hours each subject worked were contrasted with the hours they served as the primary caregiver.

Section 4 was designed to assess the supplementary role of a primary caregiver (Who did the grocery shopping? Who cleaned the house? Who maintained the house? Who handled

the finances? Who arranged the child's schedule? Who did the laundry?). The answers to these questions were evaluated according to whom the primary caregiver was, and to what extent the non-primary caregiver had a role in these related activities. Were the supplementary roles constructed differently for the different groups? For example, did PCGMs arrange the child's schedule? Did PCGFs arrange the child's schedule? Were these tasks performed by the primary caregivers regardless of which sex the primary caregiver was?

Section 5 contained demographic information. The questions put to respondents related to how many children were in each family, age and sex of the children, age of the parents, number of persons living in the household, education level of each parent, current school status of each parent, employment status, who watched the children while the spouse was at school and work, hours worked, type of work, the shift each parent worked and if they worked on the weekends, income level, race of each parent, and who was the main wage earner. Each question in the demographic section was used to compare and contrast the child care responsibilities with respect to the differential ways parent's construct their roles.

Study Limitations

Using a survey as a research instrument has many advantages associated with it's use, notwithstanding the

ability to collect a great amount of data in a short time. However, there are some disadvantages, which are discussed in what follows.

The data collected are merely "snap shots in time" and may differ for the same respondents across time. It is important to note that the data were collected from June 1994 to October 1994.

The survey requested the respondent to provide percentage of time spent on various child care tasks. Hours spent on these child care tasks may have elicited a more accurate account of how each parent constructed their roles.

A small number of the respondents reported that they felt restricted by the narrow focus of the survey questions put to them. They stated that they felt they did not "fit" one category or another, or that a "typical week" was not possible to describe given the restrictive nature of the survey instrument.

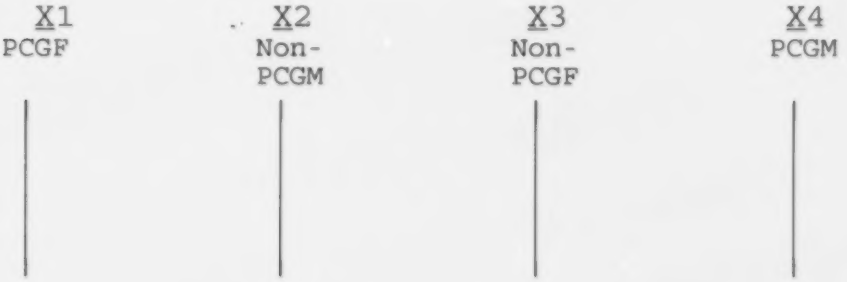
Several respondents reported that the father's role was not actually depicted well by this survey because the father does more with the older children than the younger children. It is important to remember when interpreting the results of this study that responses focused on the youngest child in the family, and that the child had to be under the age of six.

Finally, these data are likely to represent a skewed sample due to the nature of the data collection. It is

recognized that the families recruited through the stay-at-home-dad newsletter may represent a population of PCGF families who are particularly interested in or positive about the PCGF family model, given that they subscribe to the newsletter. Also, all respondents were self-selected, not randomly selected, and as such may not be a representative sample. Therefore, the issue of internal and external validity should be noted and generalizability should be carefully considered.

Design and Data Analysis

The overall analytic paradigm for this dissertation research project is presented below:



Where: Independent variables = groups X1 X2 X3 X4
Dependent variables = survey responses

A number of descriptive quantitative procedures were performed on the data in an effort to provide an overview description of families and their primary caregiving situations. Means and standard deviations were used to describe the caregiving roles of the participants. Sections 1 and 2 reflect percentages of time the respondent performed

the particular task. The range of possibility was 0 to 100 percent of the time. Section 3 reflects the actual hours as a caregiver. Section 4 utilizes a Likert-type scale, with a range of 1 to 7, to assess the supplementary role of the primary caregiver. Descriptive procedures were performed in an effort to answer research question number 1.

Anova procedures were used, testing variables to assess four distinct groups. The Anova's provided data about respondents answering only for themselves on each question. The four distinct groups assessed by the anova's included: primary caregiving father (PCGF), non-primary caregiving mother (non-PCGM), non-primary caregiving father (non-PCGF), and primary caregiving mother (PCGM). Appendix F reveals a table of the descriptive summary comparing the father and mother of each caregiving couple. This appendix reveals that there was overall agreement between the couples on most variables.

A discriminant analysis was utilized to construct a linear combination of variables across the different caregiving groups (PCGF, non-PCGM, non-PCGF, PCGM).

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

Chapter IV is divided into five sections. The first section reports findings related to specific child care responsibilities. The second section focuses on the nurturing variables. In the third section, quantitative comparisons are made related to the total number of hours as the primary caregiver, days as the primary caregiver, work hours of each group, and total income of the two groups. Supplementary roles of parents are discussed in the fourth section. All four sections include a systematic review related to each variable and a discussion related to addressing each of the two research questions Question 1: In a sample of 93 married couple families in the United States with children under the age of six, what are the characteristics and child care responsibilities of PCGFs and PCGMs? Question 2: How are the child care roles and responsibilities constructed for families in which fathers are the primary caregivers and for families in which mothers are the primary caregivers?. In the fifth section of the chapter, the discriminant analysis findings are discussed.

Child Care Responsibilities

The results and discussion in this section include descriptive percentages of the activities and responsibilities fathers and mothers were reporting. Anova's and Scheffe's post hoc tests were used to evaluate differences. The variables addressed in this section pertain to child care responsibilities and role related responsibilities reported in section one of the survey.

Preparing Meals

As can be seen from the results reported in Table 9, the primary caregiver in each family prepared breakfast for the target child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 9 revealed statistically significant differences. However, using Scheffe Post Hoc comparison at the .05 level, no differences existed between PCGF and PCGM with respect to who prepared breakfast. Differences were revealed for both the PCGF and the PCGM, who prepared breakfast a greater amount of time than the non-PCGM and the non-PCGF.

Table 9.-- Summary data and analysis of variance on who prepared breakfast

	PCGF	non-PCGM	non-PCGF	PCGM
N	47	49	44	44
M	75.5532	24.5714	15.6136	82.7273
SD	21.4980	23.7566	15.5163	19.5631

Source	df	SS	MS	F	P
Between Groups	3	161451.5500	53817.1833	128.8884	.0000
Within Groups	180	75158.7761	417.5488		
Total	183	236610.3261			

As can be seen from the results reported in Table 10, the primary caregiver in each family prepared lunch for the target child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 10 revealed statistically significance differences. However, using Scheffe Post Hoc comparison at the .05 level, no differences existed between PCGFs and PCGMs relative to who prepared lunch. Differences were revealed for both the PCGF and the PCGM, who prepared lunch a greater amount of time than the non-PCGM and the non-PCGF.

Table 10.--Summary data and analysis of variance on who prepared lunch

	PCGF	non-PCGM	non-PCGF	PCGM
N	48	49	44	44
M	84.5000	14.4694	9.2727	88.9773
SD	9.7435	9.9752	9.3966	10.2447

Source	df	SS	MS	F	P
Between Groups	3	258678.2319	86226.0773	889.3892	.0000
Within Groups	181	17547.9086	96.9498		
Total	184	276226.1405			

As can be seen from the results reported in Table 11, the primary caregiver in each family prepared dinner for the target child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 11 revealed statistically significance differences. Using Scheffe Post Hoc comparison at the .05 level, differences existed between the PCGF and the PCGM, with the PCGM having prepared dinner a greater amount of time than the PCGF. Differences were revealed for both the PCGF and the PCGM, who were found to have prepared dinner a greater amount of time than the non-PCGM and the non-PCGF. The non-PCGM prepared dinner a greater amount of time than the non-PCGF.

Table 11.--Summary data and analysis of variance on who prepared dinner

	PCGF	non-PCGM	non-PCGF	PCGM
N	48	49	44	44
M	60.7917	39.4490	14.0909	85.9545
SD	28.9070	28.6938	13.2082	14.7458

Source	df	SS	MS	F	P
Between Groups	3	124661.3668	41553.7889	78.6365	.0000
Within Groups	181	95645.5846	528.4286		
Total	184	220306.9514			

Feeding The Child

Results reported in Table 12 demonstrate that PCGFs and PCGMs fed the target child breakfast when necessary. The oneway analysis of variance shown in Table 12 reveals statistically significant differences. Using Scheffe Post Hoc comparison at the .05 level, no differences existed between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, having fed breakfast a greater amount of time than the non-PCGM and the non-PCGF.

Table 12.--Summary data and analysis of variance on who fed breakfast

	PCGF	non-PCGM	non-PCGF	PCGM
N	45	47	43	41
M	50.0222	14.7660	9.3256	50.1707
SD	38.0075	22.5004	16.3659	44.2730

Source	df	SS	MS	F	P
Between Groups	3	63922.3897	21307.4632	20.7639	.0000
Within Groups	172	176502.6500	1026.1782		
Total	175	240425.0398			

Results reported in Table 13 demonstrate that PCGFs and PCGMs fed the target child lunch when necessary. The oneway analysis of variance shown in Table 13 revealed statistically significant differences. Using Scheffe Post Hoc comparison at the .05 level, no differences existed between the PCGF and the PCGM. Differences were revealed for both the PCGF and the PCGM, having fed lunch a greater amount of time than the non-PCGM and the non-PCGF.

Table 13.--Summary data and analysis of variance on who fed lunch

	PCGF	non-PCGM	non-PCGF	PCGM
N	45	48	43	41
M	57.4667	8.6458	5.5814	53.0976
SD	38.7143	10.5558	8.5863	44.5285

Source	df	SS	MS	F	P
Between Groups	3	103283.8477	34427.9492	38.7782	.0000
Within Groups	173	153592.2540	887.8165		
Total	176	256876.1017			

As can be seen from the results reported in Table 14, the primary caregiver in each family fed dinner to the target child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 14 revealed statistically significant differences. Using Scheffe Post Hoc comparison at the .05 level, no differences existed between the PCGF and the PCGM. Differences were revealed for the PCGM who fed dinner to the target child a greater amount of time than the non-PCGM and the non-PCGF. The non-PCGM fed dinner a greater amount of time than the non-PCGF. The PCGF fed dinner a greater amount of time than the non-PCGF.

Table 14.--Summary data and analysis of variance on who fed dinner

	PCGF	non-PCGM	non-PCGF	PCGM
N	45	48	43	41
M	35.1111	26.7708	8.2558	49.2195
SD	32.6220	28.1616	11.5986	42.4638

Source	df	SS	MS	F	P
Between Groups	3	37122.5778	12374.1926	13.2245	.0000
Within Groups	173	161876.1340	935.7002		
Total	176	198998.7119			

Dressing the Child

An inspection of the results contained in Table 15 reveal that the primary caregiver in the family dressed the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 15 reveals statistically significant differences. However, using Scheffe Post Hoc comparison at the .05 level, no differences existed between the PCGF and the PCGM. Differences were revealed between all the groups, who dressed the child a greater amount of time than the non-PCGF. The PCGF dressed the target child a greater amount of time than the non-PCGM, and the PCGM dressed the child a greater amount of time than the non-PCGM.

Table 15.--Summary data and analysis of variance on who dressed the child

	PCGF	non-PCGM	non-PCGF	PCGM
N	48	48	44	43
M	59.7917	27.9792	14.9091	71.9302
SD	23.9005	18.1207	11.8789	28.0284

Source	df	SS	MS	F	P
Between Groups	3	95026.4148	31675.4716	69.7034	.0000
Within Groups	179	81343.3229	454.4320		
Total	182	176369.7377			

Bathing the Child

An examination of Table 16 reveals an interesting anomaly. Regardless of the primary caregiving status, the role of bathing the child in these families was clearly that of the mother. The oneway analysis of variance shown in Table 16 revealed that the differences were statistically significant. Scheffe Post Hoc comparison revealed differences, at the .05 level, between the PCGM having bathed the child a greater amount of time than the PCGF, the non-PCGM having bathed the child a greater amount of time than the PCGF, the non-PCGM having bathed the child more than the non-PCGF, and the PCGM having bathed the target child more than the non-PCGF.

Table 16.--Summary data and analysis of variance on who bathed the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	43	44
M	36.3265	56.1837	26.2791	63.1591
SD	29.7870	32.8809	22.5487	29.5438

Source	df	SS	MS	F	P
Between groups	3	39320.3454	13106.7818	15.4679	.0000
Within groups	181	153370.6600	847.3517		
Total	184	192691.0054			

Putting the Child to Bed

Data presented in Table 17 reveal that regardless of caregiving status, the role of putting the child to bed was the mother's responsibility. The oneway analysis of variance shown in Table 17 revealed that the differences were statistically significant. Scheffe Post Hoc comparison revealed differences, at the .05 level, with the PCGM who put the child to bed a greater amount of time than the PCGF, the non-PCGM who put the child to bed a greater amount of time than the PCGF, the non-PCGM who put the child to bed more than the non-PCGF, and the PCGM who put the target child to bed a greater amount of time than the non-PCGF.

Table 17.--Summary data and analysis of variance on who put the child to bed

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	43	44
M	37.8571	66.2653	37.4651	62.9318
SD	27.8949	26.7455	27.2094	30.8540

Source	df	SS	MS	F	P
Between groups	3	34012.0153	11337.3384	14.2787	.0000
Within groups	181	143715.0441	794.0058		
Total	184	177727.0595			

Diapering the Child

As reported in Table 18, the primary caregiver in the family diapered the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 18 revealed that the differences were statistically significant. Scheffe Post Hoc comparison revealed no differences, at the .05 level, between the PCGM and the PCGF. Differences were revealed for both the PCGF and the PCGM, who diapered the target child a greater amount of time than the non-PCGM and the non-PCGF.

Table 18.--Summary data and analysis of variance on who diapered the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	39	39	29	29
M	72.8205	26.9231	20.1379	73.9310
SD	13.5935	13.7465	13.4794	17.9382

Source	df	SS	MS	F	P
Between groups	3	83304.6180	27768.2060	129.5204	.0000
Within groups	132	28299.8232	214.3926		
Total	135	111604.4412			

Assisting the Child with Toileting

As depicted in Table 19, the primary caregiver in the family assisted with toileting more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 19 revealed that the differences were statistically significant. Scheffe Post Hoc comparison revealed no differences, at the .05 level, between the PCGM and the PCGF. Differences were revealed for both the PCGF and the PCGM who helped the target child with toileting a greater amount of time than the non-PCGM and the non-PCGF.

Table 19.--Summary data and analysis of variance on who helped the child with toileting

	PCGF	non-PCGM	non-PCGF	PCGM
n	23	21	25	27
M	59.3913	20.5714	23.0000	69.4444
SD	29.2928	14.0839	16.7705	30.2341

Source	df	SS	MS	F	P
Between groups	3	45474.7122	15158.2374	26.1343	.0000
Within groups	92	53361.2878	580.0140		
Total	95	98836.0000			

Staying Home With a Sick Child

As reported in Table 20, the primary caregiver stayed home with a sick child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 20 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM who stayed home with the target child a greater amount of time than the non-PCGM and the non-PCGF.

Table 20.--Summary data and analysis of variance on who stayed home when the child was sick

	PCGF	non-PCGM	non-PCGF	PCGM
n	43	44	40	40
M	91.2558	9.7727	3.9000	97.6250
SD	13.7756	15.9925	9.2814	4.9339

Source	df	SS	MS	F	P
Between groups	3	320098.8123	106699.6041	747.1804	.0000
Within groups	163	23276.8883	142.8030		
Total	166	343375.7006			

Reading to the Child

As can be seen from Table 21, the primary caregiver read to the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 21 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed in that the PCGF read to the child a greater amount of time than the non-PCGF. The PCGM also read to the target child a greater amount of time than the non-PCGF and the non-PCGM.

Table 21.--Summary data and analysis of variance on who read to the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	45	45	41	38
M	50.0889	43.6889	32.1951	61.3158
SD	21.4241	20.8259	18.7099	20.7522

Source	df	SS	MS	F	P
Between groups	3	17665.5290	5888.5097	14.0373	.0000
Within groups	165	69215.9384	419.4905		
Total	168	86881.4675			

Setting Limits for the Child

An examination of Table 22 reveals that the primary caregiver set limits for the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 22 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM who set limits on the target child a greater amount of time than the non-PCGM and the non-PCGF.

Table 22.--Summary data and analysis of variance on who set limits on the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	40	38	38	36
M	65.2500	37.8947	38.8158	61.2500
SD	16.1702	16.7102	19.1168	17.5000

Source	df	SS	MS	F	P
Between groups	3	24069.2763	8023.0921	26.5229	.0000
Within groups	148	44769.5395	302.4969		
Total	151	68838.8158			

Driving the Child Places

As can be seen from Table 23, the primary caregiver drove the child to places more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 23 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, who drove the target child a greater amount of time than the non-PCGM and the non-PCGF. There were also differences for the non-PCGM, who drove the child places a greater amount of time than the non-PCGF.

Table 23.--Summary data and analysis of variance on who drove the child places

	PCGF	non-PCGM	non-PCGF	PCGM
n	22	20	30	27
M	86.8182	21.1500	7.7000	93.4815
SD	19.3061	24.6689	8.0351	7.0130

Source	df	SS	MS	F	P
Between groups	3	151002.7729	50334.2576	212.1371	.0000
Within groups	95	22540.8635	237.2722		
Total	98	173543.6364			

Playing Indoors with the Child

An examination of Table 24 reveals that the primary caregiver played indoors with the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 24 revealed that the differences were statistically significant. Examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, who played inside with the target child a greater amount of time than the non-PCGM and the non-PCGF.

Table 24.--Summary data and analysis of variance on who played with the child inside

	PCGF	non-PCGM	non-PCGF	PCGM
n	48	48	42	44
M	61.3333	30.4792	30.5952	60.0000
SD	18.5338	13.6584	15.1498	21.2406

Source	df	SS	MS	F	P
Between groups	3	41430.4439	13810.1480	45.7573	.0000
Within groups	178	53722.7649	301.8133		
Total	181	95153.2088			

Playing Outdoors with the Child

An examination of Table 25 reveals that the primary caregiver played outdoors with the child more frequently than the non-primary caregiver. The oneway analysis of variance shown in Table 25 revealed that the differences were statistically significant. Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, who played outside with the target child a greater amount of time than the non-PCGM and the non-PCGF.

Table 25.--Summary data and analysis of variance on who played outdoors with the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	44	44	37	40
M	63.9545	27.7955	36.5676	55.1250
SD	19.3691	14.4393	22.0310	24.4291

Source	df	SS	MS	F	P
Between groups	3	35388.3242	11796.1081	28.8433	.0000
Within groups	161	65844.5243	408.9722		
Total	164	101232.8485			

Nurturing Variables

Important consideration should be given to the nurturing variables. Results revealed that the target child went to the PCGF a comparable amount of time as the non-PCGM when the child was hurt. Likewise on the variables related to who the child prefers to sit with, and who the child goes to when he/she wakes up at night. However, the PCGM was always preferred over the non-PCGF.

The oneway analysis of variance on who the child went to when hurt, as shown in Table 26, revealed these differences to be statistically significant. Scheffe Post Hoc comparison revealed differences, at the .05 level, where the child preferred the PCGM a greater amount of time than the PCGF. All groups were preferred a greater amount of

time than the non-PCGF. The PCGM was preferred a greater amount of time over the non-PCGM.

Table 26.--Summary data and analysis of variance on who the child went to when hurt

	PCGF	non-PCGM	non-PCGF	PCGM
n	40	44	41	42
M	48.6250	56.2500	27.4390	75.2143
SD	23.6694	22.1024	18.1012	20.3620

Source	df	SS	MS	F	P
Between groups	3	48614.8108	16204.9369	36.2031	.0000
Within groups	163	72960.7940	447.6122		
Total	166	121575.6048			

The oneway analysis of variance on who the child preferred to sit with, as reported in Table 27, revealed statistically significant differences. Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed in that the child preferred to sit with the PCGM a greater amount of time than the non-PCGF. The non-PCGM was preferred a greater amount of time than the non-PCGF.

Table 27.--Summary data and analysis of variance on who the child preferred to sit with

	PCGF	non-PCGM	non-PCGF	PCGM
n	43	44	43	43
M	48.0233	54.0909	40.0000	58.4884
SD	14.7656	20.3536	18.7718	23.0820

Source	df	SS	MS	F	P
Between groups	3	8297.4404	2765.8135	7.2867	.0001
Within groups	169	64147.3573	379.5702		
Total	172	72444.7977			

The oneway analysis of variance on who the child went to when awakened at night, as reported in Table 28, revealed statistically significant differences. Scheffe Post Hoc comparison revealed differences, at the .05 level, in that the child preferred the PCGM a greater amount of time when awakened at night than the PCGF. Differences were also revealed in that all groups were preferred a greater amount of time than the non-PCGF. The PCGM was preferred a greater amount of time over the non-PCGM when the child awoke at night. These results were identical to the "hurt" variable.

Table 28.--Summary data and analysis of variance on who the child went to when wakes at night

	PCGF	non-PCGM	non-PCGF	PCGM
n	23	28	28	28
M	53.2609	62.6786	20.0000	87.3214
SD	34.6282	35.8619	21.6880	20.4795

Source	df	SS	MS	F	P
Between groups	3	65177.8930	21725.9643	26.2870	.0000
Within groups	103	85128.6491	826.4917		
Total	106	150306.5421			

Time

Total Hours as Primary Caregiver

Table 29 presents the total hours each parent spent alone with the child as assessed in section 3 of the survey. The oneway analysis of variance shown in Table 29 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM who spent hours alone with the child a greater amount of time than the non-PCGM and the non-PCGF. Careful examination of the total hours revealed that the child in both families in this study spent a good amount of time with the primary caregiver. In the PCGF family, however, the non-PCGM spent more time with the child when contrasted to the amount of

time spent with child by the non-PCGF in the PCGM family.

Table 29.--Summary data and analysis of variance on the hours per week alone with the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	44	44
M	50.1837	17.9388	12.7727	54.3409
SD	8.5481	10.2152	8.2204	10.6026

Source	df	SS	MS	F	P
Between groups	3	63499.3683	21166.4561	236.9801	.0000
Within groups	182	16255.7769	89.3175		
Total	185	79755.1452			

Weekend Hours

An examination of Table 30 indicates that the mother spent more time with the child on weekends than the father, regardless of who was the primary caregiver. Oneway analysis of variance revealed statistically significant differences. Scheffe Post Hoc test revealed differences, at the .05 level, in that the non-PCGM is spending more time with the target child on weekends than the PCGF and the non-PCGF.

Table 30.--Summary data and analysis of variance on weekend hours spent with the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	42	43	42	39
M	5.3810	9.2093	6.285	7.2564
SD	3.0759	5.6127	4.1337	5.2200

Source	df	SS	MS	F	P
Between groups	3	343.6765	114.5588	5.3839	.0015
Within groups	162	3447.0284	21.2780		
Total	165	3790.7048			

Total Hours

Table 31 reveals the total hours alone with the child, separated as to weekday or weekend hours. PCGF families totalled 68.12 hours where one parent was alone with the child per week; and PCGM families totalled 67.11 hours where one parent was alone with the child per week. The PCGM was alone with the child 4.16 hours per week more than the PCGF. The non-PCGM was alone with the child 5.17 hours per week more than the non-PCGF.

Table 31.--Hours alone with the child per week by caregiving status

	PCGM	PCGF	non-PCGM	non-PCGF
Monday - Friday	47.15	43.53	8.87	6.48
Saturday and Sunday	7.19	6.65	9.07	6.29
Total	53.34	50.18	17.94	12.77

Total Days with the Child

As defined in the procedure section, the primary caregiver was defined as being responsible for the majority of caregiving hours, at least 4 days of the week. Therefore, the mean for the primary caregivers was, as expected, over 4 days. Unexpectedly, examination of the oneway analysis of variance, as shown in Table 32, revealed statistically significant differences. Examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, whose total days with the target child were greater than the non-PCGM and the non-PCGF. The non-PCGM also revealed a greater total than the non-PCGF.

Table 32.--Summary data and analysis of variance on total days with the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	44	44
M	4.9388	.5306	.0455	5.3409
SD	.5556	.8191	.2107	.9631

Source	df	SS	MS	F	P
Between groups	3	1093.0820	364.3607	746.6419	.0000
Within groups	182	88.8159	.4880		
Total	185	1181.8978			

Shared Hours

Table 33 presents the hours the parents shared in time spent together with the child. The shared time was closely related in both caregiving groups, with no difference in T-tests.

Table 33.--T-tests for PCGF families verses PCGM families by shared caregiving hours

	N	Mean	SD	T	P
PCGF families	98	24.42	9.91	.90	.369
PCGM families	88	23.09	10.20		

Work Hours

As revealed in Table 34, the total hours worked by the

parents was found to be related to the amount of caregiving hours. As expected, the primary caregiver worked fewer hours than the non-primary caregiving spouse. The oneway analysis of variance shown in Table 34 revealed statistically significant differences. Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Both the non-PCGM and non-PCGF worked a greater amount of hours than the PCGF and PCGM. As one would expect, this finding is the reverse of the hours that each non-primary caregiving parent spent with the child. Understandably one would need to work fewer hours in order to be able to spend more time with the child. The data represented by these families reveals that the main wage earner in both families worked more than the 40 hours per week, with the primary caregivers both working less than 10 hours per week.

Table 34.--Summary data and analysis of variance on hours worked per week

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	44	44
M	9.4286	47.3469	48.4773	4.2045
SD	16.1490	8.3730	14.5466	8.8622

Source	df	SS	MS	F	P
Between groups	3	78542.0519	26180.6840	168.0188	.0000
Within groups	182	28359.2384	155.8200		
Total	185	106901.2903			

Supplementary Roles of Families

The following section assesses the supplementary roles that families traditionally engage in. The means in this section reflect the respondents' answers to the following scale:

1 = All of the time
2 = Most of the time
3 = A good part of the time
4 = Half the time
5 = A little of the time
6 = Very rarely
7 = None of the time

Shopping

Data presented in Table 35 indicate that the primary caregivers in both groups did the shopping "most of the time". The oneway analysis of variance shown in Table 35 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between

the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, who both did a greater amount of shopping than the non-PCGM and the non-PCGF.

Table 35.--Summary data and analysis of variance on who did the shopping

	PCGF	non-PCGM	non-PCGF	PCGM
n	48	47	44	44
M	2.4167	4.7447	4.9545	2.2273
SD	1.5135	1.6871	1.3969	1.2915

Source	df	SS	MS	F	P
Between groups	3	292.3619	97.4540	44.2479	.0000
Within groups	179	394.2392	2.2025		
Total	182	686.6011			

House Cleaning

Presented in Table 36 are the means for who cleaned the house. The primary caregivers in this study cleaned more often than the non-primary caregivers. The oneway analysis of variance shown in Table 36 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed differences at the .05 level between the PCGF and PCGM, with the PCGM having cleaned a greater amount of time than the PCGF. Differences were revealed for both the PCGF and the PCGM, revealing that both did a greater amount of cleaning than the non-PCGM and

the non-PCGF. In addition, the non-PCGM cleaned a greater amount of time than the non-PCGF.

Table 36.--Summary data and analysis of variance on who cleaned the house

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	44	44
M	3.2449	4.1429	5.0227	2.2045
SD	1.2834	1.3540	.8757	1.1119

Source	df	SS	MS	F	P
Between groups	3	194.7809	64.9270	46.6699	.0000
Within groups	182	253.1976	1.3912		
Total	185	447.9785			

Maintaining the House Inside

As reported in Table 37, fathers in both caregiving groups were performing maintenance functions inside the house. The oneway analysis of variance shown in Table 37 confirmed statistically significant differences. Scheffe Post Hoc comparison revealed differences at the .05 level, revealing that the PCGF did the inside maintenance a greater amount of time than the PCGM. The PCGF did the inside maintenance a greater amount of time than the non-PCGM. Differences were also revealed for the non-PCGF, who did a greater amount of inside maintenance than both the PCGM and

the non-PCGM. This is one of the few variables where the father's time was greater than the mother's.

Table 37.--Summary data and analysis of variance on who maintained the house inside

	PCGF	non-PCGM	non-PCGF	PCGM
n	48	49	44	44
M	1.8542	5.3469	2.4773	4.9318
SD	1.0717	1.1824	1.4222	1.1891

Source	df	SS	MS	F	P
Between groups	3	428.6920	142.8973	96.2025	.0000
Within groups	181	268.8539	1.4854		
Total	185	697.5459			

Maintaining the House Outside

As might be expected, data in Table 38 revealed that fathers also performed more of the outside maintenance functions than their female counterparts. The oneway analysis of variance shown in Table 38 revealed that these differences were statistically significant. Scheffe Post Hoc comparison revealed differences at the .05 level for the PCGF, who did the inside maintenance a greater amount of time than the PCGM. The PCGF did the outside maintenance a greater amount of time than the non-PCGM. Differences were also revealed for the non-PCGF, who did a greater amount of

outside maintenance than both the PCGM and the non-PCGM. This is consistent with the inside maintenance variable, with fathers doing a greater amount than mothers.

Table 38.--Summary data and analysis of variance on who maintained the house outside

	PCGF	non-PCGM	non-PCGF	PCGM
n	47	47	39	40
M	2.0000	5.7021	2.2051	5.1750
SD	1.3831	1.2321	1.4900	1.5002

Source	df	SS	MS	F	P
Between groups	3	497.1229	165.7076	84.8717	.0000
Within groups	169	329.9638	1.9524		
Total	172	827.0867			

Handling the Family Finances

The oneway analysis of variance shown in Table 39 revealed that no two groups were statistically different on who handled the family finances.

Table 39.--Summary data and analysis of variance on who handled the family finances

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	48	44	43
M	3.5714	4.0625	3.5455	3.4419
SD	2.3094	2.3101	2.1071	2.2286

Source	df	SS	MS	F	P
Between groups	3	10.7825	3.5942	.7138	.5449
Within groups	180	906.3262	5.0351		
Total	183	917.1087			

Arranging the Child's Schedule

One might expect that the primary caregiver was the parent who planned the child's schedule. Data in Table 40 revealed that this was true for these families. However, it should be noted that the PCGMs fell into the "all of the time" category, whereas the PCGFs fell into the "a good part of the time" category. The oneway analysis of variance shown in Table 40 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed differences at the .05 level between the PCGF and PCGM, with the PCGM having scheduled a greater amount of time than the PCGF. Differences were revealed for both the PCGF and the PCGM, who did a greater amount of scheduling than the non-PCGM and the non-PCGF. The non-PCGM scheduled a greater amount of time than the

non-PCGF.

Table 40.--Summary data and analysis of variance on who did the scheduling for the child

	PCGF	non-PCGM	non-PCGF	PCGM
n	49	49	43	44
M	2.9592	4.7347	6.3488	1.2727
SD	1.5937	1.3811	.7833	.4505

Source	df	SS	MS	F	P
Between groups	3	637.7872	212.5957	155.1831	.0000
Within groups	181	247.9641	1.3700		
Total	184	885.7514			

Laundry

An examination of Table 41 reveals that the primary caregivers did the laundry. The oneway analysis of variance shown in Table 41 revealed that the differences were statistically significant. Closer examination using Scheffe Post Hoc comparison revealed no differences at the .05 level between the PCGF and PCGM. Differences were revealed for both the PCGF and the PCGM, who both did a greater amount of laundry than the non-PCGM and the non-PCGF. The non-PCGM did laundry a greater amount of time than the non-PCGF.

Table 41.--Summary data and analysis of variance on who did the laundry

	PCGF	non-PCGM	non-PCGF	PCGM
n	47	49	44	44
M	3.0213	4.1837	5.4773	2.2045
SD	1.7130	1.7281	1.3205	1.2310

Source	df	SS	MS	F	P
Between groups	3	270.4021	90.1340	38.7708	.0000
Within groups	180	418.4620	2.3248		
Total	183	688.8641			

Summary of Select Comparisons

Non-primary Caregiver Comparison

This section describes comparisons of the non-PCGM and the non-PCGF on variables which showed statistically significant differences.

The non-PCGM did a greater amount of time than the non-PCGF on the following role-related variables:

* preparing the child's dinner
* feeding the child dinner
* dressing the child
* bathing the child
* putting the child to bed
* driving the child places

The child went to the non-PCGM more frequently than the non-PCGF on the following nurturing variables:

* when hurt
* to sit with
* when wakes up at night

The non-PCGM did a greater amount of time than the non-PCGF on the following supplementary variables:

* cleaning the house
* doing the laundry
* arranging the child's schedule

The non-PCGF did a greater amount of time than the non-PCGM on the following variables, which fall in the supplementary category:

* inside maintenance
* outside maintenance

Primary Caregiver Comparison

This section describes comparisons of the PCGM and the PCGF on variables which showed statistically significant differences.

The PCGM did a greater amount of time than the PCGF on the following role-related variables:

* preparing the child's dinner
* bathing the child
* putting the child to bed

The child went to the PCGM more frequently than the PCGF on the following nurturing variables:

* when hurt
* when wakes up at night

The PCGM did a greater amount of time than the PCGF on the following supplementary variables:

* cleaning the house

The PCGF did a greater amount of time than the PCGM on the following variables, which fall into the supplementary category:

* inside maintenance
* outside maintenance

PCGF and non-PCGF Comparison

Anova's revealed statistically significant differences on every variable, where the PCGF did a greater amount of time than the non-PCGF, except on the following variables where no differences occurred:

* putting the child to bed
* bathing the child
* sitting with the child
* inside maintenance
* outside maintenance

PCGM and non-PCGM Comparison

Anova's revealed statistically significant differences on every variable, where the PCGM did a greater amount of time than the non-PCGM, except on the following variables where no differences occurred:

* putting the child to bed
* bathing the child
* sitting with the child

* inside maintenance
* outside maintenance

PCGF and non-PCGM Comparison

Anova's revealed statistically significant differences on every variable, where the PCGF did a greater amount of time than the non-PCGM, except on the following variables where no differences occurred:

* feeding the child dinner
* reading to the child
* child goes to when hurt
* child prefers to sit with
* child wakes up to
* family finances

The non-PCGM did a greater amount of time than the PCGF on the following variables:

* putting the child to bed
* bathing the child

PCGM and non-PCGF Comparison

Anova's revealed statistically significant differences on every variable, where the PCGM did a greater amount of time than the non-PCGF, except on the following variables where no differences occurred:

* family finances

The non-PCGF did a greater amount of time than the PCGM on the following variables:

* inside maintenance

* outside maintenance

Discriminant Analysis

Discriminant analysis was employed as a means to evaluate the relationship between the caregiving groups and select variables. The two caregiving groups were categorized into four distinct groups: (a) PCGFs, (b) working mothers (spouse of the PCGF), (c) working fathers (spouse of the PCGM), and (d) PCGMs. The following variables were included in the analysis using a Wilk's Lambda method: "Who dresses the child?", "Who maintains the house outside?", "Who maintains the house inside?", and "Who prepares the child's lunch?". These variables were chosen because they are traditionally classified as very gender specific by society. Table 42 shows the Wilk's Lambda summary of these four variables.

Table 42.--Wilk's Lambda summary table

	Step entered	In	Lambda	Significance
1.	Prepared lunch	1	.06731	.0000
2.	Inside maintained	2	.02571	.0000
3.	Outside maintained	3	.02107	.0000
4.	Dressed child	4	.02041	.0000

The overall structure matrix is displayed in Table 43. This matrix represents the pooled within-groups correlations

between discriminating variables and the canonical correlation with the function. The variables were ordered by size of correlation with the function.

Table 43.--Structure matrix

Variables	Function 1	Function 2	Function 3
1. Prepared lunch	.98664	-.06091	-.03968
2. Inside maintained	.27485	.12993	.04343
3. Outside maintained	-.04011	.85493	.49700
4. Dressed child	-.02868	.80953	-.58584

The test of equality of group covariance matrices was done using Box's M. The Box's M of 72.790 was significant (p =.0001). The standardized Canonical discriminant function coefficients are displayed in Table 44.

Table 44.--Standardized canonical discriminant function coefficients

Variable	Function 1	Function 2	Function 3
1. Prepared lunch	.15674	.11170	.10425
2. Inside maintained	.97181	.01062	-.02080
3. Outside maintained	-.00869	.54684	-.94965
4. Dressed child	.05364	.63567	.88190

Of the 186 subjects, 18 were excluded from the analysis because they did not answer one of the questions. One hundred sixty-eight were used in the discriminant analysis (90%). The classification results can be seen in Table 45. The overall percent of "grouped" cases correctly classified was 91.67%. The high hit rate of these variables reveals the gender role differences as well as the predicted group membership.

Table 45.--Classification results of the discriminant analysis

		Accuracy		
Group	N	Hits	Misses	Hit rate
Primary caregiving father	44	41	3	93.2%
Non-Primary caregiving mother	46	43	3	93.5%
Non-Primary caregiving father	39	34	5	87.2%
Primary caregiving mother	39	36	3	92.3%

CHAPTER V

SUMMARY AND CONCLUSION

This study was designed to examine primary caregiving father (PCGF) families and how they construct their roles in contrast to primary caregiving mother (PCGM) families. This effort represents one of the first attempts to systematically identify and evaluate the child care responsibilities of this atypical group of fathers in contrast to fathers who play the traditional breadwinner role within their families.

This final chapter is divided into five sections. The first section describes the similarities between the PCGF and PCGM families. The second section addresses gender roles. The third section examines the nurturing variables. The fourth section examines the effect of the PCGF on the child and the family. Lastly, the fifth section offers conclusions and recommends areas requiring future research.

Similarities between PCGFs and PCGMs

The results of this study indicate that PCGFs are filling many of the roles previously reserved for PCGMs. Specifically, PCGFs are involved in the roles that are essential for the "at-home" parent to perform. For example,

the PCGF performed most of the child care responsibilities more frequently than his spouse. He prepared the meals, fed the child, dressed the child, changed diapers, and assisted with toileting when necessary. Likewise, he performed many of the supplementary responsibilities more frequently than his spouse, such as staying home with a sick child, setting limits on the child's behavior, driving the child places, and playing indoors and outdoors with the child. These findings make sense since the at-home parent spends more time with the child and thus has more time to perform these child care and supplemental tasks. With this significant involvement in child care and at-home related responsibilities, it would appear that PCGFs have begun to change the traditional gender roles prescribed by society.

To demonstrate that PCGFs are assuming roles similar to that of PCGMs, comparisons were done between PCGFs and PCGMs on all variables. Few statistically significant differences were revealed. For example, no differences were found between the two groups with respect to who fed the child, who dressed the child, who diapered and toileted the child, and who set limits on the child's behavior. In both groups the primary caregiver performed these tasks about two thirds of the time, with the other spouse performing the tasks the remaining one third of the time. This similarity in roles for the PCGF and the PCGM was found to be true for most of the <u>essential</u> childcare and supplemental responsibilities.

This study portrayed the PCGF as a parent who was available to attend to the child's needs 49 hours per week on average. He did this 5 days a week on average, mostly Monday through Friday. This resembles the picture of a traditional primary caregiver. Beyond these essential tasks, performed during the Monday to Friday work week, however, it is interesting to note that construction of the PCGF's role began to differ from that of the PCGM's role.

Gender Roles

Closer inspection of the roles that were constructed by the PCGF families indicates a clear picture of an emerging family structure different from the traditional family structure. However, a complete role reversal in PCGF families has not yet occurred. Careful examination of the roles in the PCGF families reveal that these couples have maintained some level of compliance with the gender roles prescribed by society. For example, while the non-PCGM may have worked full time, she was still an active participant in her child's care, which is consistent with her traditional gender role. In contrast, the non-PCGF maintained his traditional gender role by <u>not</u> actively participating in the care of his child.

Another way to evaluate the degree to which traditional gender roles are adhered to is by comparing the participation levels of the PCGFs and PCGMs in child care responsibilities. Statistically significant differences

were evident on some gender specific variables. For example, the PCGM prepared the child's dinner a greater amount of time than the PCGF, that being one of the traditional roles of the mother. Other gender specific variables showed similar differences, including bathing the child, putting the child to bed, who the child went to when hurt, who the child went to when awaken at night, and cleaning the house. The PCGM clearly did more than the PCGF, which mirrors traditional gender role responsibilities. Likewise, the PCGF adhered to the male dominant role by doing the inside and outside maintenance more than the PCGM.

One can speculate that the traditional gender role prescribed by society better prepares a female for these childcare tasks. Thus a PCGM has a better understanding of the skills required in childcare, and performs some of these skills more frequently than her PCGF counterpart, who has only had the traditional father role on which to model his behavior. An analogy might be made with starting a new job. For the PCGF this "job" requires new skills and experience for which his traditional gender role has not prepared him. In contrast, the PCGM has been trained by society to be the caregiver and as a result is already equipped with the knowledge, experience, and desire required to participate in that role. The PCGF is obtaining "on-the-job training", whereas the PCGM has received training throughout most of

her life.

This may also account for the high level of participation by the non-PCGM in attending to the needs of her child. When she arrived home from work she knew that certain tasks were assumed to be the female's responsibility in our society, and she performed those tasks as required. For example, the non-PCGM performed the bath and bed time routines more than the PCGF. Society has taught her that these tasks were part of the female's gender role, and she tended to perform them whenever possible.

At the same time, society's gender roles may be contributing to discrimination against the non-PCGM. For example, the non-PCGM had the highest frequency of master and doctorate degrees amongst the four different caregiving groups, probably indicating that these mothers pursued a higher education to further their careers, and potentially, their incomes. This is interesting in light of the fact that the income for the PCGF families, the family model in which the non-PCGM often plays the role of breadwinner, was lower than the income for the PCGM families. Due to the self-select sample methodology, one needs to consider that the PCGM families may be skewed towards the higher income levels.

Traditional gender roles were also apparent when the discriminant analysis was applied to the data set. Using the traditional male tasks of maintaining the house inside

and out, and the traditional female tasks of dressing the child and feeding the child lunch, 91% of the parents were classified accurately into the four different caregiving groups.

Overall, traditional gender roles are beginning to show signs of change. As evidenced by this study, non-PCGFs are now averaging 11 hours per week with their children, or 94 minutes per day; compared to only 26 minutes per day as found in a 1988 study done by Gottfried and Gottfried (Silverstein, 1991, p.1029). While fathers appear to be participating more in the care of their children, it is not clear what activities this time is spent on. This study shows that their participation may be limited to activities that are sanctioned by the gender roles of society.

Nurturing

Examination of the nurturing roles in PCGF and PCGM families reveals that some gender roles are changing. In the PCGM family, the child most often turned to the mother for nurturing. In the PCGF family, the child utilized both parents for nurturing. The PCGF did not participate in nurturing more than the PCGM, however he did show a greater amount of nurturing than the non-PCGF. These findings are fundamental to our understanding of the non-traditional family.

These findings are consistent with previous research done by Pruett, in which he found that "these men are

capable of forming the intense reciprocal nurturing attachments so critical in the early life of the thriving human organism" (1983, p. 273). While PCGFs may be "capable" of providing nurturing, the child preferred the PCGM more often than the PCGF when both were available. As a consequence, the non-PCGMs were providing an equal share of the nurturing in PCGF families. Let us examine some possible explanations.

Explanation for the nurturing variables may be found in related research. Pruett indicated that there is some "innate biological hormonal mechanism" (1983, p. 258) that may cause children to turn to women to meet these nurturing needs. The findings of this study may support his explanation, but may also represent the outcome of parenting behavior.

The gender role theory may offer another explanation with the presumption that "women's' jobs' are to nurture their children...." (Sussman and Steinmetz, 1987, p. 535). Society creates gender roles that start as soon as the child is born. Hospitals swaddle boy babies in blue blankets and girl babies in pink blankets. "Nurturance training" starts early for girls. One can speculate that the father, because of his traditional gender role training and identification, is not as good at nurturing, or may not be viewed by himself or his spouse as being nurturing, as the mother who has been enculturated to nurture. The child in need of comfort will

go to the parent (and will be encouraged to do so) who best meets his nurturing needs, his mother.

This study clearly shows that the father's role as a nurturer is enhanced by the primary caregiving status. What precipitates this is unclear. The combination of increased time spent with the child and the caregiving activities done with the child may enhance the relationship between the two.

Also related to role theory is the possibility that the non-PCGM in this study shares equally in nurturing activities in her quest to spend quality time with her child. There are two role related responsibilities that were consistently dominated by the mother in both primary caregiving groups (giving the child a bath and putting the child to bed). Both of these activities allow the mother, particularly a non-PCGM, to spend time with the child and provide her with the opportunity to participate in her child's care. That said, one needs to consider that these activities normally take place after work hours, and affords the non-PCGM the opportunity to participate.

The bath and bed routines raise yet another possible explanation based on the role theory. The father's lack of involvement in the bath and bed routines may reflect our societal gender roles. Bathing and bedtime rituals tend to involve nurturing (taking care of the child) which is a role not traditionally taken on by most fathers in society. An examination of how the sons and daughters of PCGFs handle

nurturing of their own offspring may shed some light on this question in the future.

Effects on the Family and Child

A natural question which emerges from such a study concerns the welfare of the child raised in a PCGF family. Has the child been affected in any way as a result of these emerging differences? Has he received the necessary care? One need only look at the other half of this partnership, the non-PCGM, to see that the child is not suffering. On the contrary, the mother is filling in gaps created by the PCGF and then some. The results of the study indicated that a child in a PCGF family received a more balanced time contribution from each parent than did a child in a PCGM family. Emerging from this study is a unique family structure in which the father stays home with the child. The mother works 47 hours per week, but also provides care for her child when she is available. This non-PCGM mother may feed the child before she leaves for work, or prepare dinner when she arrives home from work. She does the child's bath and puts the child to bed. She provides more care on the weekends and participates more in the nurturing of her children. These results are congruous with the findings reported in other studies (Hochschild, 1989; Scarr, Philps, & McCarteny, 1989).

Another way to look at the care the non-PCGM is providing is to compare her to the non-PCGF. This

comparison revealed that the non-PCGM performed many child care responsibilities that the non-PCGF did not. For example, she prepared and fed the child dinner a greater amount of time than the non-PCGF. She drove the child places more and dressed the child a greater amount of time than her working counterpart. Most revealing of her involvement in the child's life, is her participation in arranging the child's schedule. Arranging the child's schedule was mainly the primary caregiver's job. Yet, the non-PCGM performed this task a greater amount of time than the non-PCGF. Her involvement went beyond that of the traditional breadwinner status--she was active in the child's life.

When compared to the non-PCGF, the PCGF has doubled the time that the child went to him for nurturing. This would suggest that a stronger bond is being created between the child and the PCGF. This bond, one that PCGMs have experienced for years, is a very special benefit for the PCGF family, one that fathers have not known before. The child of a PCGF family has both a strong father influence and a strong mother influence. Both parents play an important role in the child's development. This is in contrast to the PCGM family in which the child has a strong mother influence but little influence from the father. This new intimacy between father and child may serve as the catalyst that moves society to further transform some of the

gender role stereotypes, and may play a role in the future of the family as an institution.

The child of the PCGF family relies on both parents for nurturing. How this affects the child is unclear. Both Radin and Pruett describe how this contributes to increased cognitive competence, increased internal locus of control, and allows the child to be comfortable with his environment (Pruett, 1983; Radin, 1983). Having two highly involved parents, as Lamb (1986) has noted, has its advantages.

While the child benefits from the loving attention of two committed parents, the effects of this non-traditional family structure do not come without some cost. The PCGF may experience role conflict as a result of deviating from his traditional gender role. He may feel ridiculed by other men who question his masculinity. He may feel isolated in a world where mothers stay home with their children, not fathers. The non-PCGM, on the other hand, may experience feelings of guilt for not staying home with her child as her traditional gender role dictates. One could speculate that the extra hours and responsibilities she accepts are her way of dealing with the guilt. At the same time this additional load may cause her to feel over-worked and stressed. There is no question that both mothers and fathers in PCGF families are struggling with societal norms and gender role demands.

A more direct cost appears to be the sacrifice of the

PCGF's role as the main breadwinner, a difficult societal role to relinquish. The financial data from these families suggests that there may be financial ramifications for the PCGF families. PCGF families in this study made less money than PCGM families. This is surprising, since PCGF families worked more hours than PCGM families. Other research has shown that this is most likely the result of "women earn[ing] less than men" (Sussman & Steinmetz, 1987, p. 12).

Conclusions with Recommendations

PCGFs are contributing to changing patterns in the traditional roles prescribed by society. The research on PCGFs to this point has assumed that the PCGF is fulfilling the same role as the PCGM. However, the results of this study did not support their assumptions. Rather, what was reported above points to an emerging family structure that is different, rather than the reverse of, the traditional family structure. The PCGF provides a strong male influence, with nurturing abilities. The non-PCGM continues to play a critical role in the child's development. She continues to exhibit strong nurturing ability, and in addition brings new experiences related to working outside the home. The PCGF family model facilitates the active participation of both parents in the care of their child.

A distinguishing finding from this study is that the PCGF is performing some parts of the traditional PCGM role, but only those tasks considered essential for the "at home"

parent to perform. However, a more equal sharing of the parenting role is evident in the PCGF families. Given these findings, one could build a strong case for the notion that a new family structure is emerging--one that society and the PCGF family itself are struggling to justify and recognize as a family institution within our society. PCGF families are forcing society to change the way it looks at the family as an institution.

Implications of this study range from effects on individual family choices about who will stay home with the children, to public policy decisions related to family leave from work for child related responsibilities. With the advent of women in the work force, flexible work hours and a changing society, it is likely that PCGF families will increase in the years to come. As a consequence, it is expected that the need for information related to the effects of these non-traditional family models upon society will become more important.

Future inspection of the gender role of the PCGF is essential. More specifically, we need to determine what activities the fathers engage in throughout the day, what are their childcare responsibilities, and how are these different than that of the PCGM? How do these differences influence gender roles, and what are the effects of these gender role differences on members of the family? This may be accomplished through natural observation of the father

with his child at home and outside of the home. This natural observation should also be done on the weekend or in the evening, when the whole family is together, to gain an understanding of how the family interaction is different when the mother is at home and when she is not at home.

Systematic personality assessment of the PCGF families and their children would be helpful with respect to assisting us in our efforts to better understand the psychological profile of the PCGF family. Are there differences in the personality profiles between a father who stays at home with his children when compared to a working father? The children need to be studied directly to assess how they are doing and how they have been affected by the differences.

Longitudinal studies are necessary to examine PCGF families. Are the fathers remaining in the role of PCGF? How have they been affected by serving as the PCGF? What are the fathers doing when the children become school age? What are the long-term effects on the children of having the father as the primary caregiver?

And finally, a general public survey should be done to evaluate societal changes in relation to the PCGF. Do trends indicate a change in attitude toward PCGFs? Has the PCGF family influenced change over time in the family as an institution?

APPENDIX A

NEWSLETTER COVER LETTER

APPENDIX A

NEWSLETTER COVER LETTER

Dear Parents,

I received your address through a newsletter you subscribe to about dads. I am studying dads and parenting in general and am hopeful that you will be willing to participate in this study. This research is part of the requirements toward my Ph.D. in educational psychology at Loyola University in Chicago. As you know stay at home dads are hard to find! This will be the first time ever that so many dads will be included in a single study, and you can be a part of this important research.

The survey takes about 15 minutes to fill out, with a survey being filled out by <u>each</u> parent. Even if you're not a stay at home dad family, but you are married and have children under six, you can still fill out the survey. If you don't choose to fill out the survey I would appreciate if you would pass it on to any married couple with children under six.

With your help, we can start to understand more about stay at home dad families. If you have any questions, please feel free to call me at (708) 657-7811. Thank you so much for your help.

Sincerely yours,

Robert Frank, M.S.W.

P.S. Look for the results of this survey in the newsletter.

APPENDIX B

PRESCHOOL COVER LETTER

APPENDIX B

PRESCHOOL COVER LETTER

Dear Parents,

Hi! My children are alumni of the Oakton preschool, and I am an adjunct faculty member here. I talked to Lisa and she recommended that I ask some of you to help me out.

I am studying parenting and am hopeful that you will be willing to participate in my study. This research is part of the requirements toward my Ph.D. in educational psychology at Loyola University in Chicago. I am in the last phase of the study and need more couples to respond to my survey.

The survey takes about 10 to 15 minutes to fill out, with a survey being filled out by <u>each</u> parent. If you are married and have children under six, you are eligible to fill out the survey. Please mail it back in the self-addressed stamped envelope as soon as possible.

I will give the results of my research to Lisa when they become available. If you have any questions, please feel free to call me at (708) 657-7811. Thank you so much for your help.

Sincerely yours,

Robert Frank, M.S.W.

APPENDIX C

GENERAL COVER LETTER

APPENDIX C

GENERAL COVER LETTER

Dear Friends,

As many of you know, I am studying parenting and am hopeful that you will be willing to participate in my study. This research is part of the requirements toward my Ph.D. in educational psychology at Loyola University in Chicago. I am in the last phase of the study and need more couples to respond to my survey.

The survey takes about 10 to 15 minutes to fill out, with a survey being filled out by <u>each</u> parent. If you are married and have children under six, you are eligible to fill out the survey. Please mail it back in the self-addressed stamped envelope as soon as possible.

If you have any questions, please feel free to call me at (708) 657-7811. Thank you so much for your help.

Sincerely yours,

Robert Frank, M.S.W.

APPENDIX D

"BABY 'N ME" COVER LETTER

APPENDIX D

"BABY 'N ME" COVER LETTER

LOYOLA UNIVERSITY
CHICAGO
SCHOOL OF EDUCATION

September 14, 1994

Dear "Baby 'N Me" Parent,

I hope that all is going well for you and your family since we saw each other last. We think often about the time you and your baby, by now possibly quite a toddler, were part of our group and part of the research project. We look forward to the possibility of follow-up in the future, and of having the opportunity to see the ongoing change and development you are experiencing.

At this time, one of our graduate students, Robert Frank, is doing a study on parenting alternatives and has asked for our help. We appreciate the time that many of you have given to our infant development research project, and thought that you might be willing to contribute to a related, but separate, project.

Robert tells us that it should take no more than 10 to 15 minutes to fill out the enclosed form; there is one for each parent. If this is something you are willing to do, he will really appreciate it, and it will add to the important and growing literature on family development. If you choose to participate, his letter is self-explanatory, and he is including a stamped self-addressed envelope.

If you have any questions, please feel free to call me. I would love to hear from you, and catch up on things.

Hope you and your family had a wonderful summer!

Sincerely,

Lenore Weissmann

APPENDIX E

SURVEY

APPENDIX E

SURVEY

Dear Parent,

The purpose of this survey is to better understand the 1990's parent. With the complexities of raising children today I hope to shed some light on different parenting alternatives. It would be greatly appreciated if you would take the time to participate by completing the enclosed survey. Your responses will contribute to the behavioral science literature regarding parenting. The information is completely confidential. Thank you for your cooperation.

The survey is intended only for married couples, living together, who have children under 6 years old. If you do not qualify, please return the survey blank. If you have more then one child under 6, base your answers on the youngest child.

You have received two surveys so each parent can fill out their own survey. Each spouse needs to answer all questions for both "mom" and "dad". Please begin by indicating the age and sex for the child on which you will be answering this survey, and who is filling the survey out, then go to the next page.

1. Child's Sex:

    1. Male
    2. Female

2. Child's age: Years_____. Months_____.

3. Who is filling out the survey?

    1. Dad
    2. Mom

Please go to the next page. Thank you for your cooperation.

Sincerely yours,

Robert Frank, M.S.W.

SECTION 1:

What percentage of the time does each individual perform the following child related task? Please write the percentage of time for each person in the box. Use a typical day in the life of your family.

For example: Who brushes the child's teeth? dad does = 20% mom does = 20% other does = 0% child does = 60% Total = 100%.

OTHER can be grandparent, daycare, school, etc.
Write in DNA if the task does not apply to your situation.

		DAD DOES	MOM DOES	CHILD DOES	OTHER DOES	TOTAL
4.	Prepares the child's breakfast.	%	%	%	%	100%
5.	Prepares the child's lunch.	%	%	%	%	100%
6.	Prepares the child's dinner.	%	%	%	%	100%
7.	Feeds the child breakfast.	%	%	%	%	100%
8.	Feeds the child lunch.	%	%	%	%	100%
9.	Feeds the child dinner.	%	%	%	%	100%
10.	Dresses the child.	%	%	%	%	100%
11.	Bathes the child.	%	%	%	%	100%
12.	Puts the child to bed.	%	%	%	%	100%
13.	Changes the diapers.	%	%	%	%	100%
14.	Helps the child with toileting, such as wiping, etc.	%	%	%	%	100%
15.	Stays home with child when sick.	%	%	%	%	100%
16.	Reads to the child.	%	%	%	%	100%
17.	Sets limits on the child's behavior, such as discipline, punishment, time-outs, etc.	%	%	%	%	100%

(section 1 continued)

	DAD DOES	MOM DOES	CHILD DOES	OTHER DOES	TOTAL
18. Drives the child to classes, such as piano, sports, preschool, etc.	%	%	%	%	100%
19. At home plays with child indoors, such as dolls, trucks, games, etc.	%	%	%	%	100%
20. At home plays with child outdoors, such as soccer, bubbles, etc.	%	%	%	%	100%

SECTION 2:

For the following questions please indicate what % of time the child goes to each parent or other. Other can be grandparent, babysitter or nanny.

	DAD	MOM	OTHER	TOTAL
1. If both parents are with the child and the child gets hurt, who will he go to.	%	%	%	100%
2. If both parents are with the child, who does the child sit with.	%	%	%	100%
3. If the child wakes up at night and comes into the parents's bedroom, which parent will he wake up.	%	%	%	100%

DON'T FORGET TO ANSWER FOR BOTH MOM AND DAD ON ALL QUESTIONS.

SECTION 3:

For each day in a typical week please indicate how may hours each person is the primary caregiver for your child. The primary caregiver is the person who is available to attend to your child's needs. If both parents are available and are sharing the time, count that time in the "shared" category. If the child is with the babysitter, at daycare, with grandmother etc, the time should be counted in the "other" group. Do not count the time when your child is asleep for the night. Do count nap times and time spent with the child during long periods of wakefulness at night.

Some examples:

Both parents are home: Mom is bathing the child and dad is watching T.V. The time should be counted under mom.

Both parents are home: The child is spending some time with one parent and some with the other (i.e. family dinnertime). Count this as a shared time.

The chart may look something like this:

	DADS HOURS	MOMS HOURS	OTHER HOURS	SHARED HOURS
Sunday	3	2	0	8
Monday	2	12	0	0
Tuesday	5	3	5	3

For Sunday dad had 3 hours of being the primary caregiver, mom had 2 hours of being the primary caregiver, and they shared 8 hours as a family where both parents were available.

Please fill in all boxes for each person. Use 0 if there are no hours for a category on a particular day:

	DADS HOURS	MOMS HOURS	OTHER HOURS	SHARED HOURS
1. Monday				
2. Tuesday				
3. Wednesday				
4. Thursday				
5. Friday				
6. Saturday				
7. Sunday				

SECTION 4:

Thinking about the last six months how often does each person do the following tasks. Please answer the questions in this section using the scale below.

1 = All of the time.
2 = Most of the time.
3 = A good part of the time.
4 = Half the time.
5 = A little of the time.
6 = Very rarely.
7 = None of the time.

1. Does the grocery shopping.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

2. Cleans the house.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

3. Maintains the house inside, such as painting, changing light bulbs, etc.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

4. Maintains the yard and the outside of the house, such as shoveling snow, cutting grass, etc.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

5. Handles family finances, such as balancing the check book, paying the bills, budgeting.

DAD:
1 2 3 4 5 6 7
MOM:
1 2 3 4 5 6 7

1 = All of the time.
2 = Most of the time.
3 = A good part of the time.
4 = Half the time.
5 = A little of the time.
6 = Very rarely.
7 = None of the time.

6. Arranges the child's schedule, such as finding babysitters, calling to arrange play dates with groups or other children, scheduling doctor appointments.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

7. Does the laundry.

DAD:
1 2 3 4 5 6 7

MOM:
1 2 3 4 5 6 7

SECTION 5:

These are a few background questions to aid in the interpretation of the survey responses:

1. How many children do you have?_____.

2. Please indicate each child's age and sex.

	Age	Sex
Child 1	___	___
Child 2	___	___
Child 3	___	___
Child 4	___	___
Child 5	___	___

3. Current age of each parent?

Dad_____.

Mom_____.

4. Please check the box indicating the adults living in your house:

Dad____ Mom_____ Grandparent_____
Uncle/Aunt_____ Other_____
Total number of adults in the home: _____.

(Please circle your answer)

5. What was the last grade completed in school?

Dad:		Mom:	
1	8th grade or less	1	8th grade or less
2	Some high school	2	Some high school
3	High school graduate	3	High school graduate
4	Some college	4	Some college
5	College graduate	5	College graduate
6	Some graduate work	6	Some graduate work
7	Master or doctorate	7	Master or doctorate

6. Are mom/dad currently enrolled in school?

Dad: 1 Yes, How many hours at school per week?_____.
2 No

Who watches the child while dad is at school?_____.

Mom: 1 Yes, How many hours at school per week?_____.
2 No

Who watches the child while mom is at school?_____.

7. Are mom/dad employed?

Dad: 1 Yes, How many hours of work per week?_____.
2 No

Who watches the child while dad is at work?_____.

Mom: 1 Yes, How many hours of work per week?_____.
2 No

Who watches the child while mom is at work?_____.

DON'T FORGET TO ANSWER FOR BOTH MOM AND DAD ON ALL QUESTIONS.

8. Does the job require working a particular shift?

Dad: 1 YES, What shift does dad work?
(times are just approximate)
_____First shift 7:00 a.m. to 3:00 p.m.

_____Second shift 3:00 pm to 11:00 p.m.

_____Third shift 11:00 p.m. to 7:00 a.m.

2 NO

Mom: 1 YES, What shift does mom work?
(times are just approximate)
_____First shift 7:00 a.m. to 3:00 p.m.

_____Second shift 3:00 pm to 11:00 p.m.

_____Third shift 11:00 p.m. to 7:00 a.m.

2 NO

9. Do mom/dad work on the weekends?

Dad:
1 = None of the time
2 = Very rarely
3 = Half the time
4 = A good part of the time
5 = All of the time
6 = Does not apply

Mom:
1 = None of the time
2 = Very rarely
3 = Half the time
4 = A good part of the time
5 = All of the time
6 = Does not apply

10. What type of work? (Circle all that apply).

Dad:
1 Trade
2 Clerical
3 Professional
4 Administrative
5 Sales
6 Teacher
7 Clergy
8 Other,
Specify_____.
9 Does not apply

Mom:
1 Trade
2 Clerical
3 Professional
4 Administrative
5 Sales
6 Teacher
7 Clergy
8 Other
Specify_____.
9 Does not apply

11. Which category best describes your total household income before taxes in 1993?

1 Less than $35,000.
2 $35,000 - $45,000.
3 $45,000 - $55,000.
4 $55,000 - $65,000.
5 $65,000 - $75,000.
6 $75,000 - $85,000.
7 $85,000 - $100,000.
8 $100,000 - or more.

12. Who is the main wage earner in your household?

1 Dad
2 Mom
3 About equal.

13. Race:

Dad:	Mom:
1 White	1 White
2 African American	2 African American
3 Hispanic	3 Hispanic
4 Asian	4 Asian
5 Native American	5 Native American
6 Other:	6 Other:
Specify_____.	Specify_____.

14. Are there any comments you would like to add about parenting in your household?

Some families in this survey will be selected for follow-up interviews based on a representative sample of age and gender of the child, and parental work and child care hours. If you would be willing to participate, please include your name, address, and phone number in the space provided. If you would rather not, please return this survey anonymously. Your returning the survey will contribute much information to this project and is greatly appreciated.

Name:_____

Address:_____

Phone:_____

THANK YOU FOR YOU ASSISTANCE, PLEASE RETURN **BOTH** SURVEYS AS SOON AS POSSIBLE IN THE SELF ADDRESSED STAMPED ENVELOPE.

APPENDIX F

COMPARISON OF COUPLE RESPONSES

APPENDIX F

COMPARISON OF COUPLE RESPONSES

Primary caregiving father families

Variable	Fathers responses			Mothers responses		
	N	Mean	SD	N	Mean	SD
Father prepares Breakfast	49	75.55	21.50	49	75.29	23.64
Mother prepares breakfast	47	24.32	21.61	49	24.57	23.76
Father prepares lunch	48	84.50	9.74	49	85.12	9.45
Mother prepares lunch	48	14.85	9.55	49	14.47	9.98
Father prepares dinner	48	60.79	28.91	49	60.14	28.41
Mother prepares dinner	48	38.48	28.94	49	39.45	28.69
Father feeds breakfast	45	50.02	38.01	47	40.13	40.55
Mother feeds breakfast	45	19.64	22.97	47	14.77	22.50
Father feeds lunch	45	57.47	38.71	48	46.67	42.41
Mother feeds lunch	45	11.84	10.58	48	8.65	10.56
Father feeds dinner	45	35.11	32.62	48	30.31	32.18
Mother feeds dinner	45	34.89	31.97	48	26.77	28.16
Father dresses	48	59.79	23.90	48	56.15	26.80
Mother dresses	48	27.08	15.74	48	27.98	18.12
Father bathes	49	36.33	29.79	49	38.71	31.70

Mother bathes	49	56.29	32.61	49	56.18	32.88
Father puts the child to bed	49	37.86	27.89	49	33.53	26.89
Mother puts the child to bed	49	61.53	28.14	49	66.27	26.75
Father diapers	39	72.82	13.59	39	72.69	13.37
Mother diapers	39	26.64	13.65	39	26.92	13.75
Father toilets	23	59.39	29.29	21	57.05	32.10
Mother toilets	23	22.52	16.65	21	20.57	14.08
Father stays with sick child	43	91.26	13.78	44	91.36	14.80
Mother stays with sick child	43	8.72	13.73	44	9.77	15.99
Father reads to child	45	50.09	21.42	45	54.98	20.37
Mother reads to child	45	48.22	21.62	45	43.69	20.83
Father sets limits	40	65.25	16.17	38	62.11	16.71
Mother sets limits	40	34.50	16.16	38	37.89	16.71
Father drives the child	22	86.82	19.31	20	75.85	29.06
Mother drives the child	22	10.45	9.87	20	21.15	24.67
Father plays indoors with the child	48	61.33	18.53	48	61.50	17.86
Mother plays indoors with the child	48	29.65	12.08	48	30.48	13.66
Father plays outside with the child	44	63.95	19.37	44	65.16	18.11
Mother plays outside with the child	44	27.23	13.03	44	27.80	14.44

Child prefers father when hurt	40	48.62	23.67	44	43.52	21.98
Child prefers mother when hurt	40	51.13	23.74	44	56.25	22.10
Child prefers father to sit with	43	48.02	14.77	44	45.11	19.81
Child prefers mother to sit with	43	51.74	15.35	44	54.09	20.35
Wakes up at night to father	23	53.26	34.63	28	37.32	35.86
Wakes up at night to mother	23	46.74	34.63	28	62.68	35.86

Primary caregiving mother families

Variable	Fathers responses			Mothers responses		
	N	Mean	SD	N	Mean	SD
Father prepares Breakfast	44	15.61	15.52	44	15.36	16.98
Mother prepares breakfast	44	82.57	18.49	44	82.73	19.56
Father prepares lunch	44	9.27	9.40	44	9.89	10.57
Mother prepares lunch	44	89.25	11.33	44	88.98	10.24
Father prepares dinner	44	14.09	13.21	44	12.57	11.31
Mother prepares dinner	44	84.89	14.11	44	85.95	14.75
Father feeds breakfast	43	9.33	16.37	41	9.46	17.51
Mother feeds breakfast	43	47.07	43.18	41	50.17	44.27
Father feeds lunch	43	5.58	8.59	41	5.20	7.50

Mother feeds lunch	43	48.60	45.01	41	53.10	44.53
Father feeds dinner	43	8.26	11.60	41	10.27	15.02
Mother feeds dinner	43	45.70	43.05	41	49.22	42.46
Father dresses	44	14.91	11.88	43	13.14	11.84
Mother dresses	44	75.09	22.93	43	71.93	28.03
Father bathes	43	26.28	22.55	44	28.09	26.24
Mother bathes	43	67.21	26.55	44	63.16	29.54
Father puts the child to bed	43	37.47	27.21	44	34.34	29.55
Mother puts the child to bed	43	61.95	26.83	44	62.93	30.85
Father diapers	29	20.14	13.48	29	24.17	16.80
Mother diapers	29	78.66	13.11	29	73.93	17.94
Father toilets	25	23.00	16.77	27	15.93	17.98
Mother toilets	25	61.60	27.64	27	69.44	30.23
Father stays with sick child	40	3.90	10.98	40	1.75	4.32
Mother stays with sick child	40	96.10	9.28	40	97.63	4.93
Father reads to child	41	32.20	18.71	38	36.18	20.15
Mother reads to child	41	66.59	18.89	38	61.32	20.75
Father sets limits	38	38.82	19.12	36	38.33	17.73
Mother sets limits	38	60.66	18.64	36	61.25	17.50
Father drives the child	30	7.70	8.04	27	6.15	6.52

Mother drives the child	30	91.97	8.34	27	93.48	7.01
Father plays indoors with the child	42	30.60	15.15	44	29.89	16.34
Mother plays indoors with the child	42	61.98	17.51	44	60.00	21.24
Father plays outside with the child	37	36.57	22.03	40	34.13	21.24
Mother plays outside with the child	37	55.86	22.72	40	55.12	24.43
Child prefers father when hurt	41	27.44	18.10	42	24.55	20.48
Child prefers mother when hurt	41	75.56	18.10	42	75.21	20.36
Child prefers father to sit with	43	40.00	18.77	43	40.00	21.93
Child prefers mother to sit with	43	59.53	19.02	43	58.49	23.08
Wakes up at night to father	28	20.00	21.69	28	12.68	20.48
Wakes up at night to mother	28	80.00	21.69	28	87.32	20.48

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VITA

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APPROVAL SHEET

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

_____ _____

Date Director's Signature